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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 644787 (4)

1. Corporation Name
L & L RENTALS, INC.



Principal Place of Business

650 EAST DAVIDSON
P O BOX 574
BARTOW, FLORIDA 33830

Mailing Address

650 EAST DAVIDSON
P O BOX 574
BARTOW, FLORIDA 33830

3. Date Incorporated or Qualified 11/09/1979
3a. Date of Last Report 01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24
LAURENT, JOHN F.
650 E. DAVIDSON
BARTOW FL 33830

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
LAURENT, EVELYN
HWY 60 E
BARTOW, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
LAURENT, JOHN F
650 E. DAVIDSON
BARTOW, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP

2 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 NAME STREET ADDRESS CITY-ST-ZIP

23 STREET ADDRESS CITY-ST-ZIP

24 CITY-ST-ZIP

3 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

32 NAME STREET ADDRESS CITY-ST-ZIP

33 STREET ADDRESS CITY-ST-ZIP

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4 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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5 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

52 NAME STREET ADDRESS CITY-ST-ZIP

53 STREET ADDRESS CITY-ST-ZIP

54 CITY-ST-ZIP

6 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

62 NAME STREET ADDRESS CITY-ST-ZIP

63 STREET ADDRESS CITY-ST-ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/96

941 533 7817

CR2E034 (12/95)