FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:09

DOCUMENT # 768555 (5)

1. Corporation Name
CENTRAL FLORIDA EQUIPMENT RENTAL ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2035 BRUTON BV. ORLANDO FL 32805-2142	2035 BRUTON BV. ORLANDO FL 32805-2142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2458535 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2920 E. ROBINSON	26 2920 E. ROBINSON
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32803 Country 25 ORANGE	Zip 29 32803 Country 30 ORANGE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAUBACH, TIMOTHY C. 600 N. HIGHLAND AVE. SUITE 204 ORLANDO FL 32803	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	LASSETER, KENNETH	12 NAME	SETTLE, ROBERT R
STREET ADDRESS	2035 BRUTON BLVD	13 STREET ADDRESS	2920 E. ROBINSON
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	SETTLE, BOB	22 NAME	JOHNSON, GARY
STREET ADDRESS	2920 E ROBINSON ST	23 STREET ADDRESS	3601 HIGHWAY 19A
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	MT DORA, FL.
TITLE	TS	31 TITLE	TS ☐ Change ☐ Addition
NAME	BARNEY, TOM	32 NAME	SETTLE, BOB
STREET ADDRESS	130 N MCGRUDER AV	33 STREET ADDRESS	2920 E. ROBINSON
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	ROLLINS, RUSS	42 NAME	WHITE, BOB
STREET ADDRESS	4481 EDGEWATER DRIVE	43 STREET ADDRESS	6444 E. COLONIAL DR
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	STARNS, MIKE	52 NAME	LASSETER, KEN
STREET ADDRESS	1330 S VINELAND RD	53 STREET ADDRESS	2035 BRUTON BLVD
CITY-ST-ZIP	WINTER GARDEN FL	54 CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	CRANK, NORM	62 NAME	CRANK, JIM
STREET ADDRESS	1040 AURORO ROAD	63 STREET ADDRESS	2105 FRANKLIN DR
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	PALM BAY, FL. 32905

PERMITTED BY LAW

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, above with an address.

SIGNATURE: [signature] 4/27/95 (407) 894-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0004205