FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F05160 (9)

1. Corporation Name
DME RENTALS, INC.

Principal Place of Business
508 CENTRAL AVENUE
CRESCENT CITY FL 32112

Mailing Address
508 CENTRAL AVENUE
CRESCENT CITY FL 32112

3. Date Incorporated or Qualified: 11/12/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1125 N. SUMMIT STREET
Suite, Apt. #, etc.
22
City & State
23 CRESCENT CITY, FL
Zip
24 32112
Country
25

2a. Mailing Address
26 1125 N. SUMMIT STREET
Suite, Apt. #, etc.
27
City & State
28 CRESCENT CITY, FL
Zip
29 32112
Country
30

4. FEI Number: 59-2034762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name: JOE H. PICKENS
82 Street Address (P.O. Box Number is Not Acceptable): 222 N. 3RD ST.
83
84 City: PALATKA, FL 85 Zip Code: 32177-3710

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 Joe H. [signature] 4-29-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCHAN, GERARD		1.2 NAME		
STREET ADDRESS	508 CENTRAL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DORAN, JOSEPH D		2.2 NAME		
STREET ADDRESS	RT 1 BOX 211		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FRAZER, NORMA		3.2 NAME		
STREET ADDRESS	174 MOONLIGHT DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL		3.4 CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(x), 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: Norma J. Frazer [signature] Norma J. Frazer 4-25-96 (904)698-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)