

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F08565 (6)**  
 1. Corporation Name  
**CONSTRUCTION RENTAL, INC.**



Principal Place of Business Mailing Address  
**100 CORPORATION WAY VENICE FL 34292-3523**      **100 CORPORATION WAY VENICE FL 34292-3523**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/10/1980</b>	3a. Date of Last Report <b>06/09/1995</b>
21. Suite, Apt. #, etc	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2047215</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt. #, etc	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
33. Suite, Apt. #, etc	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BIGNESS, GORDON  
 501 W ALBEE RD  
 NOKOMIS FL 34275**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, DAVID W</b>	12 NAME	
STREET ADDRESS	<b>100 CORPORATION WAY</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>VENICE FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIGNESS, GORDON P</b>	22 NAME	
STREET ADDRESS	<b>100 CORPORATION WAY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>VENICE FL</b>	24 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIGNESS, PAUL G</b>	32 NAME	
STREET ADDRESS	<b>100 CORPORATION WAY</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>VENICE FL</b>	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE *Gordon Bigness II*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone:

CR2E034 (3/96)