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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004468 (5)

1. Corporation Name
ASPLUNDH RENTAL FLEET, INC.

Principal Place of Business

103 SPRINGER BLDG.
3411 SILVERSIDE ROAD
WILMINGTON DE 19810

Mailing Address

103 SPRINGER BLDG.
3411 SILVERSIDE ROAD
WILMINGTON DE 19810-4812



3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

02/05/1996

4. FEI Number

51-0343491

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ASPLUNDH, CHRISTOPHER B
STREET ADDRESS
3700 BUCK ROAD
CITY- ST- ZIP
HUNTINGDON VALLEY PA 19006

TITLE ☐ DELETE

NAME
ASPLUNDH, CARL H J JR
STREET ADDRESS
PO BX 148, 2670 SUGAN RD
CITY- ST- ZIP
SOLEBURG PA

TITLE ☐ DELETE

NAME
ASPLUNDH, SCOTT M
STREET ADDRESS
1222 FOREST HILL DRIVE
CITY- ST- ZIP
LOWER GWYNEDD PA 19002

TITLE ☐ DELETE

NAME
Dwyer, JOSEPH P
STREET ADDRESS
419 SHOEMAKER WAY
CITY- ST- ZIP
LANSDALE PA 19446

TITLE ☐ DELETE

NAME
WARREN, GEORGE P JR.
STREET ADDRESS
1407 FOX PLACE
CITY- ST- ZIP
WEST CHESTER PA 19382

TITLE ☐ DELETE

NAME
Dwyer, JOSEPH P
STREET ADDRESS
419 SHOEMAKER WAY
CITY- ST- ZIP
LANSDALE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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***165.00

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Dwyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P DWYER
SECRETARY/TREASURER 1/15/97 215 784 4200
Date Daytime Phone

CR2E034 (9/96)