3-27-97 B-3676 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93141** **(2)**

1. Corporation Name
COSSON'S RENT-ALL, INC.

Principal Place of Business	Mailing Address
3701 E BUS HWY 98 3701 EAST BUSINESS HWY 98 PANAMA CITY FL 32401 US	3701 E HIGHWAY 98 3701 EAST BUSINESS HWY 98 PANAMA CITY FL 32401-6505 US

3. Date Incorporated or Qualified: 06/03/1982
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-2207680 ☐ 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

COSSON, ETHEL H
3701 E BUSINESS HWY 98
PANAMA CITY FL 32401

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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature, Type/Print Name 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	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COSSON, CELA K.		1.2 NAME	
STREET ADDRESS	2619 WHEAT RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COSSON, ETHEL H		2.2 NAME	
STREET ADDRESS	106 ROYAL CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COSSON, H. CLAY		3.2 NAME	
STREET ADDRESS	640 N. BERTHE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES E. CEASAR		4.2 NAME	
STREET ADDRESS	612 HAMILTON AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		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	

CR2E034 (9/96)

14. I 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: Cela Kay Cosson Cela K. Cosson Sec-Tres. 4.24.97 904-785-4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051880