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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCLIMENT #

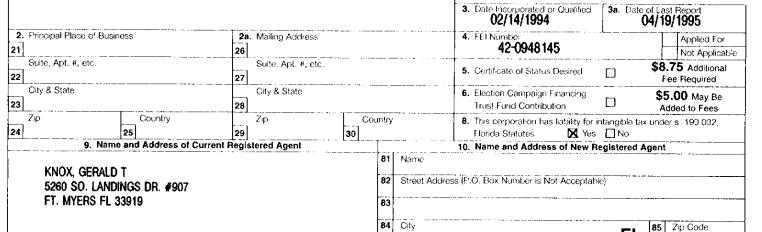
DIVISION OF CORPORATIONS F94000000693 (1)

| 1. Corporation Name | (') |
|--------------------------|-----|
| KNOX RENTAL STORES, INC. | |
| | |
| | |

Principal Place of Business Mailing Address

5260 SO. LANDINGS DR. #907 FT. MYER\$ FL 33919

5260 SO. LANDINGS DR. #907 FT. MYERS FL 33919



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 porceation's heard of directors. Thereby account he appropriate agent, less

| SIGNATURE Signature: Igned or printed name of registered agent and this if applicable (INOTE: Registered Agent signature, regional www.neosting) DATE | | | | | | |
|---|----------------------------|----------|---------------------|---|--|--|
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | CPST | DELETE | 1 1 TITLE | Change Addition | | |
| NAME | KNOX, GERALD T | | 1.2 NAME | | | |
| STHEFT ADDRESS | 5260 SO. LANDINGS DR. #907 | | 1.3 STREET ADDRESS | | | |
| CITY - \$1 - ZIP | FT. MYERS FL 33919 | | 1.4 CITY - ST. ZIP | | | |
| TITLE | | DELETE | 2 1 1011 | Change Addition | | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 2.4 CiTy - S1 - ZiF | | | |
| TIFLE | | ☐ DELETE | 3 1 THLE | Change Additio | | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CHY-ST-ZIP | | | 3.4 CHY+ST-ZIP | | | |
| TOLE | | DELETE | 4 THILE | Change Additio | | |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY ST-ZIP | | | 4.4.0-TY - ST - 7iF | | | |
| TIFLE | | DELETE | 5. 1 Tritt | Change Addition | | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | | |
| DITY-ST-ZiP | | | 5.4 CITY - ST - ZIF | | | |
| TITLE | | DELF IE | 6 1 TITLE | Change Addition | | |
| NAME | | | 6.2 NAME | - . | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-S1-ZIF | | | 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)(b). 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: X