

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

DOCUMENT # F94000006553 (1)

1. Corporation Name

SUNBELT RENTALS, INC.

Principal Place of Business

611 TEMPLETON AVE.
SUITE 107
CHARLOTTE NC 28203

Mailing Address

611 TEMPLETON AVE.
SUITE 107
CHARLOTTE NC 28203



3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

56-1365387

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

10. Name and Address of New Registered Agent

OLIVER, PAUL S
10777 PHILLIPS HWY.
JACKSONVILLE FL 32256

81 Name Jerry Driskell

82 Street Address (P.O. Box Number is Not Acceptable)
SAME

83

84 City Same

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 607.0301, Florida Statutes.

SIGNATURE

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-9-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SMART, THOMAS F
STREET ADDRESS 611 TEMPLETON AVE.
CITY-ST-ZIP CHARLOTTE NC 28203

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CFO ☒ DELETE
NAME LONG, STEPHEN A
STREET ADDRESS 611 TEMPLETON AVE.
CITY-ST-ZIP CHARLOTTE NC 28203

2.1 TITLE CFO
2.2 NAME KEN Kell, Kurt
2.3 STREET ADDRESS 611 Templeton Ave.
2.4 CITY-ST-ZIP Charlotte, NC 28203

TITLE SD ☐ DELETE
NAME ANDERSON, ALAN
STREET ADDRESS 611 TEMPLETON AVE.
CITY-ST-ZIP CHARLOTTE NC 28203

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LEWIS, PETER
STREET ADDRESS 611 TEMPLETON AVE.
CITY-ST-ZIP CHARLOTTE NC 28203

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BURNETT, GEORGE
STREET ADDRESS 611 TEMPLETON AVE.
CITY-ST-ZIP CHARLOTTE NC 28203

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)