

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F9500000SB96(4)

1. Corporation Name

Kirk National Lease Daily Rental Inc.

Principal Place of Business

Mailing Address

PO Box 4369
800 S. Vandemark Rd
Sidney, OH 45365

SAME

3. Date Incorporated or Qualified
12/4/95

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sack Martin Jr, ESQ
2064 Park St.
Jacksonville, FL 32204

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 607.1503, 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 officer or director

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DCP
Schroer, Lloyd W.
800 S. Vandemark Rd
Sidney OH 45365

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DCS
Harvey, James R.
800 S. Vandemark Rd.
Sidney OH 45365

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

V
Trabue, Michael D
1350 Children's Home Rd
Sidney OH 45365

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DELETE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

100001842881
-05/29/96--01099--00P
***200.00

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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

CR2E034 (12/95)