FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005390 (6)

ELECTRIC ROLLING RENTALS, INC.

FILED Feb 16 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						t raditan 1120 sent seatt nattt datte datte mater bring brite enter dett 1861	
1113 WINNERS CIRCLE SUITE 10 1113 WINNERS CIRCLE SU LOUISVILLE KY 40242 LOUISVILLE KY 40242							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/13/1997	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
25		26				31-1566652	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip Country 29 30				This corporation owes or has paid the corporation.	urrent year Intangible Yes X No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				81 Name			
PLANTATION FL 33324				82 Street A		ss (P.O. Box Number is Not Acceptable)	
				83			
				84 (City	FL	85 Zip Code
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chan ge w as	authorize	d by th	amed corpo e corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE							
	Signature, typed or printed name of registered ag			a InegA b	ignature required	5 when reinstating) DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	☐ DELETE	11 TI	TLE	- 1		Change Addition
NAME -	EASTMAN, ALBERT_H		1.2 N	AME	Į.		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required OFFICERS AND DIRECTORS 12. PDST DELETE TITLE 11 TITLE EASTMAN, ALBERT H NAME 1.2 NAME 1113 WINNERS CIRCLE SUITE 10 STREET ADDRESS 1.3 STREET ADDRESS **LOUISVILLE KY 40242** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition FITZGERALD, MIKE E NAME 2.2 NAME 1610 E. 12TH STREET STREET ADDRESS 2.3 STREET ADDRESS **OAKLAND CA 94606** CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-7IP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 eath; 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 appropriate in the corporation of the

SIGNATURE