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

STREET ADDRESS

CITY-ST-7IP

FILED Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name G93834 GATOR EQUIPMENT RENTAL, INC. Principal Place of Business Mailing Address 1130 W. CENTRAL BLVD. 1130 W. CENTRAL BLVD. ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/30/1984 2. Principal Place of Business 2a. Mailing Address FEI Numbo Applied For 26 59-2388176 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEROLD, CHARLES R. 1130 W. CENTRAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change HEROLD, CHARLES R. NAME 1.2 NAME 1335 WHEELER RD STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DVP DELETE Change ☐ Addition TITLE 2.1 FOLE BROWN, JERRY E NAME 2.2 NAME 4506 E. SADDLER AVE. STREET ADDRESS 2.3 STREET ADDRESS ZELLWOOD FL 32798 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAMI NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DETTE ___ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CHY-ST-7IP

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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trusted of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of page 4, or in an employing his with all goddress.