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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30845

PARK'S RENTAL & SALES, INC.

Principal Place of Business Mailing Address % KIRBY A. PARK % KIRBY A. PARK 2306 OKEECHOBEE ROAD 2306 OKEECHOBEE ROAD DO NOT WRITE IN THIS SPACE FT. PIERCE FL 34950-6553 FT. PIERCE FL 34950-6553 3. Date Incorporated or Qualifed 01/01/1985 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2470456 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Yes □No 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PARK, KIRBY A. Street Address (P.O. Box Number is Not Acceptable) 2306 OKEECHOBEE ROAD FT. PIERCE FL 33450 83 84 City 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 (NOTE: Registered Agent signature required w Signature, typed or printed name of registered agent and title if applicable en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE 1911. TITLE 1.2 NAME PARK, KIRBY A. NAME 608 JUAN ORITZ CIR. 1.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . Change DELETE 2.1 TITLE TITLE 2.2 NAME LYDA, MARK A. NAME 1123 PASEO AVE. 2.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL: 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE

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 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, with all other like empowered.

3.2 NAME

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1-4-99

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90015 042 ***150.00

561-461-2405

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