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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H72981

(4)

1. Corporation Name

DURA-SHED RENTALS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2067

4161 ROLLING SPRINGS DRIVE

LUTZ FL 33549

US

C/O STEVEN C. AMES

4161 ROLLING SPRINGS DRIVE

TAMPA FL 33624-2806

2. Principal Place of Business

21 2820 Max Smith Road

Suite, Apt. #, etc.

22

City & State
Lutz, Florida

23 Zip
33549

Country

25 Hillsborough

2a. Mailing Address

26 P.O. Box 2667

Suite, Apt. #, etc.

27

City & State
Lutz, Florida

28

Zip
33548

Country

30 Hillsborough

3. Date Incorporated or Qualified

08/27/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2620734

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

AMES, STEVEN C.

4161 ROLLING SPRINGS DRIVE

TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

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

83 2820 Max Smith Road

84

City
Lutz

FL

85

Zip Code
33549

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]

Steven C. Ames

4/28/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME AMES, STEVEN C.

STREET ADDRESS 4161 ROLLING SPRINGS DR

CITY-ST-ZIP TAMPA FL

TITLE VSD ☐ DELETE

NAME DEE, BRUCE D.

STREET ADDRESS 285 BAHIA PT

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2820 Max Smith Road

1.4 CITY-ST-ZIP Lutz, Florida 33549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

[Signature]

Steven C. Ames

4/28/97 (012) 210 1120

CR2E034 (9/96)