

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # H74337 (7)

**S & S RENTALS, INC.**

Principal Place of Business

Mailing Address

661 BEVILLE ROAD, SUITE #206  
S. DAYTONA FL 32119

661 BEVILLE ROAD, SUITE #206  
S. DAYTONA FL 32119



		3. Date Incorporated or Qualified <b>09/05/1985</b>		3a. Date of Last Report <b>02/07/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2575844</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For	
22 City & State		27 City & State		Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 25		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**10. Name and Address of New Registered Agent**

UPCHURCH, PAUL N.  
661 BEVILLE ROAD, SUITE #206  
S. DAYTONA FL 32119

<b>81</b>	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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

Suppliers: types of general nature of suppliers, apart from the applications.

**(F01)** Registered Agent Signature required when not stated?

DATE

12. OFFICERS AND DIRECTORS

NAME	PD	<input type="checkbox"/> DELETE
STREET ADDRESS	SUTTON, STEPHEN JAMES	
CITY-STATE-ZIP	1631 LLANI LANE	
	GULF BREEZE FL	

NAME	UPCHURCH, PAUL N	<input type="checkbox"/> DELETE
STREET ADDRESS	661 BEVILLE RD #206	
CITY-STATE-ZIP	S DAYTONA FL 52	
TELEPHONE		

NAME	S	<input type="checkbox"/> DELFIE
NAME	TILLOTSON, MARGO M.	
STREET ADDRESS	661 BEVILLE RD #206	
CITY - ST - ZIP	S. DAYTONA FL 52	

TIME	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

NAME	DELFT
STREET ADDRESS	
CITY ST ZIP	

NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	

4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 if I am not an officer or director of the corporation.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

De:

904-788-8742

### Cast-iron Pipe

CR2E034 (12/95)