FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74852** **(5)**

1. Corporation Name:

DOERR'S TRAILER RENTALS, INC.

Principal Place of Business	Mailing Address
C/O EMILE F. ROCHEFORT 2489 PORT WEST BLVD. WEST PALM BEACH FL 33407	C/O EMILE F. ROCHEFORT 2489 PORT WEST BLVD. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1985**

3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **59-2570295** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROCHEFORT, EMILE F.
308 RIVERSIDE DR.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: EMILE. F. ROCHEFORT

82 Street Address (P.O. Box Number is Not Acceptable): 3040 LAKESHORE DRIVE, # 105

83

84 City: RIVIERA BEACH FL 85 Zip Code: 33404

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. Each 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 _____ (If changing Registered Agent, this signature must be that of the new Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	S/T ☐ Change ☒ Addition
NAME	ROCHEFORT, EMILE F.	NAME	TERESA. A. MOSHIER
STREET ADDRESS	308 RIVERSIDE DR.	STREET ADDRESS	1098-D Summit Trail Circle
CITY ST ZIP	PALM BEACH GARDENS FL	CITY ST ZIP	West Palm Beach, FL 33415
TITLE	VDC	TITLE	P/D ☒ Change ☐ Addition
NAME	ROCHEFORT, LUCILLE D.	NAME	Rochefort, Emile F.
STREET ADDRESS	308 RIVERSIDE DR.	STREET ADDRESS	3040 Lakeshore Drive, #105
CITY ST ZIP	PALM BEACH GARDENS FL	CITY ST ZIP	Riviera Beach, FL 33404
TITLE		TITLE	V/D/C ☒ Change ☐ Addition
NAME		NAME	Rochefort, Lucille D.
STREET ADDRESS		STREET ADDRESS	3040 Lakeshore Drive, #105
CITY ST ZIP		CITY ST ZIP	Riviera Beach, FL 33404
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that each required item has been completed in this report as required by Section 607.1622(2)(b), 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 above or on an attachment with an address.

SIGNATURE: Emile F. Rochefort Pres. 4-28-95 407-845-1199

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0247069 CP