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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22795

(5)

ENTERPRISE EQUIPMENT RENTAL, INC.

10

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **% GLENN G. JOHNSTON** % GLENN G. JOHNSTON 2801 SE MONROE ST. 2801 SE MONROE ST. STUART FL 34997 STUART FL 34997 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2690754 26 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 \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSTON, GLENN G. 2801 SE MONROE ST. Street Address (P.O. Box Number is Not Acceptable) STUART FL 33497 83 84 City 85 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 Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ DELETE 1.1 TITLE Change Addition TITLE JOHNSTON, GLENN G. NAME 1.2 NAME 2801 SE MONROE ST. 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 City-ST-ZiP CITY-ST-ZIP Change TITLE DELETE 2.1 11TLE Addition

2.2 NAME

3.1 TITLE

3.2 NAME
3.3 STREET ADORESS

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4. CITY - ST-ZIP

4.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE
DELETE
5.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 local fact or of 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 attail then with an address.

SIGNATURE:

NAME

TITLE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Chann G. Johnston

4-23-98

561-2884144

Change

Change

Change

Addition

Addition

Addition

CR2E034 (10/97)