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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32055

1. Corporation Name
DO-ALL RENTAL, INC.

Principal Place of Business	Mailing Address
% DONALD DONOVAN 4168 ELECTRIC WAY CHARLOTTE HARBOR FL 33980	% DONALD DONOVAN 4168 ELECTRIC WAY CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/04/1986

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

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

4. FEI Number: 59-2713252 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONOVAN, DONALD
4168 ELECTRIC WAY
CHARLOTTE HARBOR FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: Linda D. McLean — Linda McLean — 1-26-99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, DONALD		1.2 NAME		
STREET ADDRESS	4168 ELECTRIC WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, PHYLLIS		2.2 NAME		
STREET ADDRESS	4168 ELECTRIC WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	President	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	John Henning		3.2 NAME		
STREET ADDRESS	205 Cortez Dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Charlotte Harbor, FL 33980		3.4 CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Linda S. McLean		4.2 NAME		
STREET ADDRESS	3246 Greatneck St.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Port Charlotte, FL 33952		4.4 CITY-ST-ZIP		
TITLE	Secretary/Treasurer	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Patricia Hathaway		5.2 NAME		
STREET ADDRESS	37551 Washington Loop Rd.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, FL 33982		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Linda D. McLean REQUIRED — 1/29/99 — 941-625-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #