FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J41154** **(2)**

1. Corporation Name

KING RENTALS, INC.

Principal Place of Business	Mailing Address
320 N ATLANTIC STE 3A P.O. BOX 320789 COCOA BEACH FL 32932-7789	320 N ATLANTIC STE 3A P.O. BOX 320789 COCOA BEACH FL 32932-7789

2. Principal Place of Business	2a. Mailing Address
21 320 N. Atlantic Ave.	26 320 N. Atlantic Ave.
Suite, Apt. #, etc. 22 Ste. 3A	Suite, Apt. #, etc. 27 Ste. 3A
City & State 23 Cocoa Beach, FL	City & State 28 Cocoa Beach, FL
Zip / Country 24 32931 / 25	Zip / Country 29 32931 / 30

3. Date Incorporated or Qualified: **11/05/1986**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2735013** ☐ 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

KING, MILDRED I.
1050 NORTH ATLANTIC AVENUE 605
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: YVONNE CAMPBELL
82 Street Address (P.O. Box Number is Not Acceptable): 221 COLUMBIA DR #136
83
84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

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: Yvonne Campbell YVONNE CAMPBELL, PRESIDENT 4/8/96
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	VSD	☒ DELETE	1.1 TITLE	PSTD	☐ Change ☒ Addition
NAME	KING, MILDRED I.		1.2 NAME	YVONNE CAMPBELL	
STREET ADDRESS	1050 NORTH ATLANTIC AVE.		1.3 STREET ADDRESS	221 COLUMBIA DR #136	
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	PTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KING, CALVIN L.		2.2 NAME		
STREET ADDRESS	1050 NORTH ATLANTIC AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (12/95)

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)(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: Yvonne Campbell YVONNE CAMPBELL PRES. 4/8/96 (407)784-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #