

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

FILED
May 15 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J81462 (0)
1. Corporation Name
MAINTENANCE ALTERNATIVES, INC.



Principal Place of Business
G/O RENT-IT, INC.
3810 FIRESTONE ROAD
JACKSONVILLE FL 32210

Mailing Address
G/O RENT-IT, INC.
3810 FIRESTONE ROAD
JACKSONVILLE FL 32210

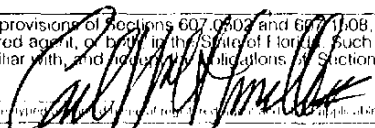
DO NOT WRITE IN THIS SPACE

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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 3880 Firestone Rd Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL 32210 Zip Country 24 32210 25 Duval | | 2a. Mailing Address 26 3880 Firestone Rd Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 32210 Zip Country 29 32210 30 Duval | | 3. Date Incorporated or Qualified 07/01/1987 | |
| | | | | 4. FEI Number 59-2828483 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent LANE, BOBBY L. 3810 FIRESTONE RD JACKSONVILLE FL 32210 | | 10. Name and Address of New Registered Agent 81 Name C. Holt Smith, III 82 Street Address (P.O. Box Number is Not Acceptable) One Independent Dr. Ste. 3301 83 84 City Jacksonville FL 85 Zip Code 32202 | |
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11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 acknowledge the obligations of Section 607.0505, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

| | | | |
|----------------------------|---------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | ST LANE, BOBBY | 1.1 TITLE | |
| NAME | LANE, BOBBY | 1.2 NAME | |
| STREET ADDRESS | 1474 ARERA ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | P LANE, GARY | 2.1 TITLE | |
| NAME | LANE, GARY | 2.2 NAME | |
| STREET ADDRESS | 3304 LAKESHORE BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 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:

Gary W. Lane

Director

4/30/98

904 770 0011

CR2E034 (10/97)