FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # K30929 (9) SBM RENTALS, INC. Principal Place of Business Mailing Address 4685 1ST ST 4685 1ST ST VERO BEACH FL 32968 VERO BEACH FL 32968 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1988 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 26-7423837 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSS, MERRILL 82 Street Address (P.O. Box Number is Not Acceptable) 4685 1ST ST VERO BEACH FL 32960 83 84 City Zip Code 85 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 appointment as registered agent. I am SIGNATURE (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Addition ☐ Change NAME RUSS, MERRILL A. 1.2 NAME STREET ADDRESS 4685 1ST STREET 1.3 STREET ADDRESS VERO BEACH FL CHY-ST-ZIP 1.4 CITY-ST-2IP TITLE S DELETE 2 1 TITLE Addition Change NAME CHAMPION, BETTYE J. 22 NAME 4595 38 AVE STREET ADDRESS 23 STREET ADDRESS VERO BEACH FL CITY - ST-ZIP 2 4 CITY - ST - ZIP TITLE □ D€LETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CHTY-ST-ZIP 3.4 DITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition 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 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-2IP 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)(k), 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 coath; 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

ER OR DIRECTOR