**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79644 (6)

1. Corporation Name

KEYSTONE RENT-ALL & TIRE SERVICE CO., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8811 GUNN HIGHWAY<br>ODESSA FL 33556 | 8811 GUNN HIGHWAY<br>ODESSA FL 33556 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1989

3a. Date of Last Report: 05/27/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-2945075 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHANDLER, MIRAN
8811 GUNN HWY
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: Terry L. Cornette

82 Street Address (P.O. Box Number is Not Acceptable): 11107 Castleberry Rd

83

84 City: Odessa FL 85 Zip Code: 33556

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: Terry L. Cornette — 4/19/95

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 | S | 1.1 TITLE | Pres./VP/S/T | ☑ Change ☐ Addition |
| NAME | CORNETTE, TERRY L. | 1.2 NAME | Terry L. Cornette | |
| STREET ADDRESS | 11107 CASTLEBERRY | 1.3 STREET ADDRESS | 11107 Castleberry Rd | |
| CITY-ST-ZIP | ODESSA FL | 1.4 CITY-ST-ZIP | Odessa, FL 33556 | |
| TITLE | PD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CORNETTE, ROBERT G. | 2.2 NAME | | |
| STREET ADDRESS | 11107 CASTLEBERRY | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ODESSA FL | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHANDLER, J.V. | 3.2 NAME | | |
| STREET ADDRESS | 18067 SAILFISH DR | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL 33549 | 3.4 CITY-ST-ZIP | | |
| TITLE | T | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHANGLER, MIRAN J. | 4.2 NAME | | |
| STREET ADDRESS | 18067 SAILFISH DR | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL 33549 | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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 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: Terry L. Cornette — 4/24/95 — (813) 920-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0997234 CP