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 # **L46401** **(0)**

1. Corporation Name

HOOD TENT RENTAL, INC.

Principal Place of Business

C/O CHARLES M HOOD III
2120 N ORANGE BLOSSOM TR
ORLANDO FL 32804
US

Mailing Address

C/O CHARLES M. HOOD, III
2120 N ORANGE BLOSSOM TR
ORLANDO FL 32804
US

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

3. Date Incorporated or Qualified: **01/23/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2984418** ☐ 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

HOOD, CHARLES W. III
2120 N ORANGE BLOSSOM TR
ORLANDO FL 32804

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 607.0505 and 617.1505, 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOOD, CHARLES M. III		1.2 NAME	
STREET ADDRESS	1210 LANCASTER DRIVE		1.3 STREET ADDRESS	2120 N Orange Blossom Trl
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, RICHARD O. JR.		2.2 NAME	
STREET ADDRESS	1201 S. ORLANDO AVE #365		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, JAMES T., JR.		3.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD #300		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HOOD, JOHN E.		4.2 NAME	
STREET ADDRESS	453 BURNT TREE LANE		4.3 STREET ADDRESS	2120 N Orange Blossom Trl
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	Orlando, FL 32805
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 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 with an address.

SIGNATURE: [signature] 4/5/96 407 422 0368

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