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

APPROVED

1996 MAY -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025342 (5)**

1. Corporation Name

RAGIN' RENTALS, INC.

Principal Place of Business	Mailing Address
5325 NORTH LAGGON DRIVE PANAMA CITY BEACH FL 32408 US	5325 NORTH LAGGON DRIVE PANAMA CITY BEACH FL 32408 US

3. Date Incorporated or Qualified: **04/06/1993**

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

2. Principal Place of Business
21: 5325 N. LAGOON DRIVE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 5325 N. LAGOON DRIVE
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-3175308** ☐ 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

GROVER, BILLY M.
3507 TREASURE CIRCLE
PANAMA CITY BCH. FL 32408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3212 TREASURE CIRCLE

83

84 City: **FL** 85 Zip Code

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: Billy M. Grover — 3/4/96
Signature of New Registered Agent, if changed — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GROVER, BILLY M.		1.2 NAME	
STREET ADDRESS	5505 W HWY 98 BOX B11		1.3 STREET ADDRESS	3212 TREASURE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	VTS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSTON, DEBORAH		2.2 NAME	
STREET ADDRESS	5505 W HWY 98 BOX B11		2.3 STREET ADDRESS	3212 TREASURE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
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	800001821638
STREET ADDRESS			4.3 STREET ADDRESS	-05/15/96--01012--009
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****200.00 ****200.00
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	

KSP 5/9/96

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 attached sheet, with my title or address.

SIGNATURE: Billy M Grover — 3/4/96 — 904 234 6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #