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

Mailing Address

P. O. BOX 291187 TAMPA FL 33687-1187

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF DOCUMENT # P93000031303 (9)

KLW RENTAL & SALES, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

Principal Place of Business

7910 PROFESSIONAL PL.

TAMPA FL 33637

3a. Date of Last Report 3. Date Incorporated or Qualified 04/28/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3181279 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country  $Z_{\rm ID}$ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🛄 No 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIS, JEFFREY D 7213 NORTH 40TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) 7910 PROFESSIONAL PL TAMPA FL 33604 вэ 84 Zip Code 33637 TAMPA 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 Signature Typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition 1.1 TITLE 10.6 WILLIS, JEFFREY D. 1.2 NAME PROFESSIONAL PL 618 KING HENRY CT. 1.8 STREET ADDRESS STREET ADDRESS SEFFNER FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 2.1 TITLE THUE WILLIS, DAVID H. 2.2 NAME NAME 2760 BUCKHORN OAKS 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 2.4 CITY-ST-ZIP CHY-S1-ZIP DELETE Addition Change ш 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 702 DELETE Change Addition TILLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAMI STREEL ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP City - St - 7if 14. For 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

WITURE REQUIRED

FILED
May 05 1997 8:00am
Secretary of State

