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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031303 (9)

KLW RENTAL & SALES, INC.

| Principal Plac | e of Business | Mailing Address | | | AN INDRA NINI ADNAE IKU EDDI |
|----------------------------------|---|---|-------------------------------|---|------------------------------|
| 7910 PROFES TAMPA FL 33 US | | P. O. BOX 291167 TAMPA FL 33687-1187 US | | DO NOT WRITE IN THIS | SDACE |
| 03 | | US | | 3. Date Incorporated or Qualified | SFACE |
| | | | | 04/28/1993 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | _ | 26 | | 59-3181279 | Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | · | 5. Certificate of Status Desired KX | Fee Required |
| City & Stat | 6 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country | Zφ | Country | 8. This corporation owes or has paid the cu | |
| 24 | 25 9. Name and Address of Curre | 29 Apple | 30] | Personal Property Tax due June 30. 10, Name and Address of New Registered | Yes No |
| Sam | | ant riogratoroo Agont | 81 Nam | | Waaur |
| | lis, Jeffrey D 10 pr ofessional Pl | | | | |
| | MPA FL 33637 | | 82 Stree | et Address (P.O. Box Number is Not Acceptable) | |
| '^' | MFA FE 33037 | | 83 | | |
| | | | | | |
| | | | 84 City | FL | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statu | tes, the above-name | | f changing its registered |
| office or r | egistered agent, or both, in the Stat m familiar with, and accept the obli | e of Florida, Such change was | authorized by the co | ed corporation submits this statement for the purpose o orporation's board of directors. I hereby accept the app | pointment as registered |
| | The man with and accopt the orm | ganona on occion too rollag, in | ionua statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and bite if applicable (NO | II : Registered Agent signali | ure required when reinstating) DATE | |
| 12. | OF LICERS AT | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | Willis, Jeffrey D . | | 1.2 NAME | | |
| STREET ADDRESS | 7010 PROFESSIONAL PL | | 1.3 STREET ADDRESS | s | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | 18 | DELETE | 2 1 TITLE | | Change Addition |
| NAME | WILLIS, DAVID H. | | 2.2 NAME | | |
| STREET ADDRESS | 2760 BUCKHORN OAKS | | 2 3 STREET ADDRESS | s | |
| CiTY-ST-ZIP | VALRICO FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | S | |
| CITY-ST-ZIP | | | 3,4. CITY - ST- ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | S | |
| CITY-ST-ZIP | | —————————————————————————————————————— | 4.4 CITY-ST-ZIP | | |
| TITLÉ | | DELETE | 5.1 117LE | | 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 | | | E 3 STREET ANOREGG | · 1 | l e |

14. 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 appears in Block 13 if changed, or only a placehiment with an address.