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 -6 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
GD

DOCUMENT # P93000051145

1. Corporation Name
MCB RENTALS INC

Principal Place of Business	Mailing Address
PO Box 15688 Gainesville, FL 32604	PO Box 15688 Gainesville, FL 32604 c/o Ed Baur Management, Inc.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 See Above	26 See Above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country: USA	29 Zip / 30 Country: USA

4. FEI Number: 59-3193111 — ☐ 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	10. Name and Address of New Registered Agent
Jose E. Medina, Jr. 2612 SW 2nd Ave. Gainesville, FL 32607	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 607.0502 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 X _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) X _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	Jose E. Medina, Jr.	12 NAME
STREET ADDRESS	2612 SW 2nd Ave.	13 STREET ADDRESS
CITY-ST-ZIP	Gainesville, FL 32607	14 CITY-ST-ZIP
TITLE	VP	21 TITLE ☐ Change ☐ Addition
NAME	Mary Day Coker	22 NAME
STREET ADDRESS	2612 SW 2nd Ave	23 STREET ADDRESS
CITY-ST-ZIP	Gainesville, FL 32607	24 CITY-ST-ZIP
TITLE S/	Edward O. Baur-S	31 TITLE ☐ Change ☐ Addition
NAME	10416 NW 18th Ave	32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP	Gainesville, FL 32606	34 CITY-ST-ZIP
TITLE	VP	41 TITLE ☐ Change ☐ Addition
NAME	Janice D. Baur	42 NAME
STREET ADDRESS	10416 NW 18 Ave	43 STREET ADDRESS
CITY-ST-ZIP	Gainesville, FL 32606	44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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****200.00 ☐ Change ☐ Addition

TIS. 4/6/95

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 attachment with an address.

SIGNATURE: X Jose E Medina — JOSE E MEDINA JR — Date 3/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone Number 904 372-3765