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PRCFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9400001977 (5)

SMITH RENTAL, INC.

| OMITTI TIENTAE, INO. | | | | | |
|--|--|---|--|--|--|
| Principal Place of Business | Mailing Address | | | | |
| 4460 107TH CIRCLE NORTH CLEARWATER FL 34622 | 4460 107TH CIRCLE NORTH CLEARWATER FL 34622 | | | | |
| | | 3. Date incorporated or Qualified 3a. Date of Last Report | | | |

| | | | | | | 01/07/1994 | 04/28/1995 | | |
|---|---|----------------------------|---------------------|---|-----------------------|--|---------------|----------------|------------------------|
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | 59-3215937 | | | Not Applicable | |
| Suite, Apt. #, etc. 27 | | F1 | Suite, Apt. #, etc. | | | L & L'artiticate of Status Desired | | | Additional Required |
| City & State City & State | | F ' | | | | | | | May Be |
| 23 28 | | | Cou | into | | Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, | | | |
| Zip Country Zip 29 | | | | Country 8. This corporation has liability for intangible tax Florida Statutes Yes No | | | unuo s | 188.002, | |
| 24 [25] [29] 9 Name and Address of Current Registered Agent | | | | 1 | | 10. Name and Address of New Re | | gent | |
| | g, Italia and Paditos at Santa | | | 81 | Name | | | | |
| SMITH, RAYMOND P III | | | | | | | | | |
| | 107TH CIRCLE NORTH | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | RWATER FL 34822 | | | 83 | | | | | |
| ULEAN | WAIEN FL 34022 | | | | | | | 1 | |
| | | | | 84 | City | | FL | 85 Z | p Code |
| familiar v | t to the provisions of Sections 607.0502 ered agent, or both, in the State of Floric with, and accept the obligations of, Secti | ion 607.0505, Florida Stat | utes. | | | | DATE | | |
| | Signarure, typed or printed name of registered agent | | (NOTE: Registered | 1 Agen | nt signature required | ADDITIONS/CHANGES TO OFFI | | DIRECTO | DRS IN 12 |
| 12. | OFFICERS AND DIRECTORS DELETE | | 1.11 | IITI F | | ADDITIONS/OFFANGES TO OFF | | 1 Change | Addition |
| | SMITH, RAYMOND P III | f bereit | 1.2 N | | | | | , | _ |
| NAME OXICEL ADECES | AAAA AATTII OIDOLE MODTII | | | | ADDRESS | | | | |
| STREET ADDRESS | CLEARWATER FL 34622 | | | | ST-ZIP | | | | |
| CITY-ST-ZIP | n | DELETE | 2.11 | | *** | | |) Change | Addition |
| NAME | SMITH, GEORGE T | | 22 N | LAME | | | | | |
| STREET ADORESS | THAN ANTITLE OLDOLE MODITAL | | 235 | TAEET | ADDRESS | | | | |
| CITY - ST - ZIP | CLEARWATER FL 34622 | | 240 | HY-S | ST - ZIP | | | | |
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| NAME | | | 3.2 N | IAME | | | | | |
| STREET ADDRESS | ŝ | | 3.3 | STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | ST-21P | | | 1 01 | |
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| NAME | | | | NAME | | | | | |
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| C(1) Y · S1 - 7(P | | ☐ DELETE | | | ST-ZIP | | | Change | Addition |
| Tille | | □ nereig | 1 | TITLE | | | L | _ vu.igc | L |
| NAME | | | | NAME | 1.4000000 | | | | |
| STREET ADDRESS | S | | 6.3 9 | sireei | 1 ADDRESS | | | | |

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 are an officer or directly of the corporation of 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 131 changed, or an abuttachment with an address.

SIGNATURE:

SIGNATON AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Raymond P. Smith

4/22/96 813/573-5440