

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000015297 (2)

1. Corporation Name

B & J RENTALS, INC.

Principal Place of Business

P.O. DRAWWR 2349
LAKE CITY FL 32056-2349

Mailing Address

P.O. DRAWWR 2349
LAKE CITY FL 32056-2349

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1994		3a. Date of Last Report 04/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3227296		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ANDERSON, EDDIE M
201 N MARION STREET
SUITE 301
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	LUTSKO, JAMES F II	1.2 NAME	LUTSKO, JAMES F II
STREET ADDRESS	803 SOUTH OHIO AVE	1.3 STREET ADDRESS	5400 N.W. 39TH AVE., APT. V 186
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D	2.1 TITLE	D
NAME	GAYLE, WILLIAM D JR	2.2 NAME	GALE, WILLIAM D JR
STREET ADDRESS	720 BARBADOS ROAD	2.3 STREET ADDRESS	5558 BUZZIE LANE
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	D	3.1 TITLE	D
NAME	GLOVER, LINDA R	3.2 NAME	GLOVER, LINDA R
STREET ADDRESS	SUWANNEE STREET	3.3 STREET ADDRESS	SUWANNEE STREET
CITY-ST-ZIP	WHITE SPRINGS FL	3.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



JAMES F LUTSKO II

9-15-97

904-752-3439

CR2E034 (4/97)