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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

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 | Mailing Address |
|---|---|
| P.O. DRAWEWR 2349<br>LAKE CITY FL 32056-2349 | P.O. DRAWEWR 2349<br>LAKE CITY FL 32056-2349 |

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **02/22/1994**

4. FEI Number: **59-3227296** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ☐ 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 | ☐ DELETE | 1.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | LUTSKO, JAMES F II | | 1.2 NAME | LUTSKO, JAMES F II | |
| STREET ADDRESS | 5400 NW 39TH AVE., APT V186 | | 1.3 STREET ADDRESS | 5400 N.W. 39TH AVE., APT. V 186 | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | | 1.4 CITY-ST-ZIP | GAINESVILLE, FL. 32606 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | GALE, WILLIAM D JR | | 2.2 NAME | GAYLE, WILLIAM D., JR. | |
| STREET ADDRESS | 5558 BUZZIE LANE | | 2.3 STREET ADDRESS | 4411 S.W. 34TH ST., #908 | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | | 2.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☐ Addition |
| 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 32096 | | 3.4 CITY-ST-ZIP | WHITE SPRINGS, FL 32096 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ 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 | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

**14.** I 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 J.F. LUTSKO 1-9-98 904-752-3429