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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Socretary of State FILED 1997 DIVISION OF CORPORATIONS 97 JUL 15 AM 10: 53 DOCUMENT # P9400034639 (2) SECRETARY OF STATE
TALLAHASSEE, FLORIDA J.T.C. RENTALS, INC. Principal Place of Business Mailing Address 11790 NW 27TH ST 11790 NW 27TH ST PLANTATION FL 33323 **PLANTATION FL 33323-1856** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/09/1994 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0488064 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLE, JEFFREY T 11790 NW 27TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33323** 83 City 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 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: flegistored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 800002243258 UAGrico DP DELETE TITLE 117000 -07/21/97--01123--015 COLE, JEFFREY T NAME 1.2 NAME 11790 NW 27TH ST STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165,00 PLANTATION FL 33323 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TOLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7/P DELLIE ☐ Change Addition TITLE 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5 3 STREET AUDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TO LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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, 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.