FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000066293 (9)

1. Corporation Name
NORTH CENTRAL FLORIDA RENTALS, INC.

Principal Place of Business	Mailing Address
OLD MILL ROAD LAKE CITY FL 32056-1656	P.O. BOX 1656 LAKE CITY FL 32056-1656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 84 SOUTH DR.
Suite, Apt. #, etc.
22: 84
City & State
23: LAKE CITY FL.
Zip: 24: 32055 County: 25: USA

2a. Mailing Address
26: P.O. BOX 1656 LAKE CITY FL
Suite, Apt. #, etc.
27:
City & State
28: LAKE CITY FL.
Zip: 29: 32056-1656 County: 30: USA

4. FEI Number: 59-3312251 ☐ 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

WALTERS, MICHAEL A
50 NORTH LAURA STREET
SUITE 2200
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: STEPHANIE H. LANDON
82 Street Address (P.O. Box Number is Not Acceptable): SOUTH DR. #84
83:
84 City: LAKE CITY FL 85 Zip Code: 32055

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: Stephanie H. Landon
(Signature of the new registered agent, if any) (Name of New Registered Agent (typed or printed)) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	STEPHANIE H. LANDON	12 NAME	
STREET ADDRESS	P.O. BOX 1656	13 STREET ADDRESS	
CITY ST ZIP	LAKE CITY FL. 32056-1656	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	REMITTED BY MAY 1 ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 the 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 any attachment with an address.

SIGNATURE: Stephanie H. Landon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHANIE H. LANDON

2-28-95
Date

904-758-5556
Daytime Phone #

000096 CP

P94-66203

5/10/95

Please make sure that the new agent is:

Stephanie N. Landon
P.O. Box 1656
Lake City FL 32056-1656

and that Michael A. Walters name is completely removed.

Thank you.

Stephanie N. Landon

(H) 904-755-0610
(O) 904-758-5556