

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001935 (2)

1. Corporation Name

CHURCHWELL RENTALS, INC.



Principal Place of Business

Mailing Address

6606 E. HWY. 22  
PANAMA CITY FL 32404

6606 E. HWY. 22  
PANAMA CITY FL 32404

3. Date Incorporated or Qualified  
01/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 6608 E. Hwy 22

Suite, Apt. #, etc

22 City & State

23 Panama City FL

24 Zip 32401

Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

Country

4. FEI Number

59-3290480

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

HUTCHISON, EDWARD A JR.  
221 MCKENZIE AVE.  
PANAMA CITY FL 32401

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

(If Officer, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D CHURCHWELL, LARRY

NAME CHURCHWELL, LARRY

STREET ADDRESS 6606 E. HWY. 22

CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D ALLEN, BILL

NAME ALLEN, BILL

STREET ADDRESS 6606 E. HWY. 22

CITY-ST-ZIP PANAMA CITY FL 32404

TITLE D RAY, DEBBIE

NAME RAY, DEBBIE

STREET ADDRESS 6606 E. HWY. 22

CITY-ST-ZIP PANAMA CITY FL 32404

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D P Churchwell, Larry

12 NAME Churchwell, Larry

13 STREET ADDRESS 6608 E. Hwy 22

14 CITY-ST-ZIP Panama City, FL 32401

21 TITLE D V T S

22 NAME Allen, Bill

23 STREET ADDRESS 6608 E. Hwy 22

24 CITY-ST-ZIP Panama City, FL 32401

31 TITLE D V

32 NAME Churchwell, Don

33 STREET ADDRESS 6608 E. Hwy 22

34 CITY-ST-ZIP Panama City, FL 32401

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)