


FILED

Jun 09 1997 8:00am  
Secretary of State



<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>	FLORIDA DEPARTMENT OF STATE  <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001935 (2)

1. Corporation Name CHURCHWELL RENTALS, INC.

Principal Place of Business 6808 E HWY 22 PANAMA CITY FL 32404 US	Mailing Address 6808 E. HWY. 22 PANAMA CITY FL 32404-9522
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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<b>g. Name and Address of Current Registered Agent</b>	
<b>HUTCHISON, EDWARD A JR. 221 MCKENZIE AVE. PANAMA CITY FL 32401</b>	81 Name 82 Street Address 83 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

12. OFFICERS AND DIRECTORS			13.
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	CHURCHWELL, LARRY		1.2 NAME
STREET ADDRESS	6808		1.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP
TITLE	DVTS	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	ALLEN, BILL		2.2 NAME
STREET ADDRESS	6808		2.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	RAY, DEBBIE		3.2 NAME
STREET ADDRESS	6808		3.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP



3. Date Incorporated or Qualified <b>01/01/1995</b>		3a. Date of Last Report <b>06/25/1996</b>	
4. FEI Number <b>59-3290480</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**g. 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
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 reappointing)	DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHURCHWELL, LARRY	1.2 NAME	Churchwell, Don
STREET ADDRESS	6608	1.3 STREET ADDRESS	6608 E. Hwy 22
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City, FL 32404
TITLE	DVTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BILL	2.2 NAME	
STREET ADDRESS	6608	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, DEBBIE	3.2 NAME	
STREET ADDRESS	6608	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] SIGNATURE REQUIRED 6-1-97 (90187)093

CR2E034 (9/96)