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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

CONSOLIDATED TRAILER RENTALS, INCORPORATED

Principal Place of Business Mailing Address

345 W 14TH ST
PANAMA CITY FL 32401 PANAMA CITY FL 32401

Country

9. Name and Address of Current Registered Agent

25

HAMM TOMMY SR

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

 Date Incorporated or Qualified 05/21/1996

59-3377272

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

345 W 14TH ST PANAMA CITY FL 32401					
			82 Stree	2 Street Address (P.O. Box Number is Not Acceptable)	
1.1	THANK OILL LE 32401		83		
]**		
			84 City	FL 85 Zip Co	de
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above				TL	
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. (HOTE, Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change	Addition
NAME	TOMMY E HAMM, SR		1.2 NAME		;
STREET ADDRESS	345 W 14TH STREET		1.3 STREET ADDRESS		[;
CITY - ST - ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		7
TITLE		DELETE	2.1 TITLE	Change [Addition
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
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	1	1
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		
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 actual 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an officers.					

Country

81 Name

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