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

Mailing Address

1825 8. RIVERVIEW DR. MELBOURNE FL 32901-4711

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000050032 (7)**

R&H RENTAL CORP.

Principal Place of Business

appears in Block 12 or

SIGNATURE:

1825 S. RIVERVIEW DR.

MELBOURNE FL 32901

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ziρ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y Yes No 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REINMAN, JAMES L 1825 S. RIVERVIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 83 84 City Zip Code 11. Pursuant to the provisors 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signs to the compression of the state of th (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 (96/6) 12 13. DELETE Change Addition 1.1 TITLE PS Litt RÉINMAN, JAMES L NAME 1.2 NAME 1825 S. RIVERVIEW DR. 1.3 STREET ADDRESS STREET ALLOHESS **MELBOURNE FL 32901** 1.4 CITY - ST-ZIP CHY ST AF DELETE Change Addition THE 21 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP DELETE Change Addition ld F 3.1 TITLE LAV. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CUTY-ST ZIP DELETE Change Addition TOTAL 4.1 TITLE 4. 2 NAME SAM STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-7P 4.4 CITY-ST-ZIP DELETÉ Channe Addition Tillf 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CHY - \$1 - 7(P) DELETE Addition Change 2016 61 DUE NAME 6.2 NAME STREET ACCRESS 6.3 STREET ADDRESS CHY ST-7P 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with the filling 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 innual 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 the corporation or

ment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 12 1997 8:00am
Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

06/07/1996