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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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FILED
Jan 29 1998 8:00am
Secretary of State

JTS RENTALS, INC. Principal Place of Business Mailing Address 370 CAPRI ROAD 370 CAPRI ROAD COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1996 4. FE! Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-7045.158 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 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIRKPATRICK, TRUDEE 370 CAPRI ROAD Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 84 City 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 lamiliar 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 regi ed when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE Addition TITLE SAUTTER, JOHN R 1.2 NAME NAME 94 LITTLE JOHN ROAD 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCMURRAY PA 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME SAUTTER, SARA STREET ADDRESS 28623 WHIRLAWAY CIRCLE 2.3 STREET ADDRESS FAIR OAKS RANCH TX CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME KIRKPATRICK, TRUDEE 3.2 NAME STREET ADDRESS 370 CAPRI ROAD 3.3 STREET ADDRESS CITY - ST - ZIP COCOA BEACH FL 32931 3.4. CITY - ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ■ DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE 6.2 NAME 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 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 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: Surger Kinkgature TRUDEE KIRKPATRICK 1/22/98 402783.5269