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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081843 (9)

FLAMINGO RENTALS, INC.

Principal Place of Business Mailing Address 601 ST JOHNS AVE 601 ST JOHNS AVE PALATKA FL 32177 PALATKA FL 32177

FILED May 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3470792 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country a. This corporation owes or has paid the current year Intangible Z Yes □ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCOLM, VIRGINIA E 622 RIVER ST Street Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE Registered Agent aignature required when reinstating) DATE CRZE034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition VIRGINIA E. McColm NAME 1.2 NAME 622 Rivse St STREET ADDRESS 1.3 STREET ADORESS Anlatka, Fl 32177 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CFTY - ST - ZIF

14. Thereby 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 roceiver 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: Chrome & Relief

VIRGINIA E. McColm 4/22/98

(904) 325-1524