FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthage ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000104692 (3) STEVENS RENTALS, INC. Principal Place of Business Mailing Address 11875 CEDAR STREET 11875 CEDAR STREET **DUNELLON FL 34431 DUNELLON FL 34431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/11/1997</u> 2. Principal Place of Business 19370 JW 2087H (R Mailing Admess Po Box Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be DUNNELLON Trust Fund Contribution Added to Fees MARWN 8. This corporation owes or has paid the current year Intangible Yes ☐ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SMITH, MICHAEL A 11875 CEDAR STREET 82 Street Address (P.O. Box Number is Not Acceptable) **DUNELLON FL 34431** 83 64 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 reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TIDE **SMITH, MICHAEL A** NAME 1.2 NAME 11875 CEDAR STREET STREET ADDRESS 1.3 STREET ADDRESS **DUNELLON FL 34431** CITY-ST-ZIP 1.4 CITY-ST-ZIP DIRECTOK DELETE Change 2.1 TITLE 2LSTEVENS NAME 2.2 NAME 70 SW 2087H CR STREET ADDRESS 2.3 STREET ADDRESS unne llon , Fl CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change NAME 3.2 NAME bily stevens STREET ADDRESS 3.3 STREET ADDRESS

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## Apr 20 1998 8:00am Secretary of State



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CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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