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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S62202 (4)

1. Corporation Name
NORRIS RENTALS, INC.

Principal Place of Business Mailing Address
4330 NORTHWAY SUITE 100 VERO BEACH FL 32963 3377 Ocean Dr 4330 NORTHWAY SUITE 100 VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

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|---|--|
| 3. Date Incorporated or Qualified 06/21/1991 | 3a. Date of Last Report 02/14/1994 |
| 4. FEI Number 65-0274032 | Applied For <input type="checkbox"/> Net Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 21. Principal Place of Business 3377 Ocean Dr | 22. Mailing Address 3377 Ocean Dr |
| 23. Suite, Apt. #, etc. VERO BEACH, FL | 24. Suite, Apt. #, etc. VERO BEACH, FL |
| 25. City & State VERO BEACH, FL | 26. City & State VERO BEACH, FL |
| 27. Zip 32963 | 28. Zip 32963 |
| 29. Country IND RIV | 30. Country INDIAN RIVER |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent STEWART, WILLIAM J. 3355 OCEAN DRIVE VERO BEACH FL 32963 | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------------|--|---------------|
| TITLE PD | NAME SCHWIERING, JANE P | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2207 COVE RD | CITY- ST- ZIP VERO BEACH FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY- ST- ZIP | |
| TITLE ST | NAME BROWN, KATHRYN | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 525 LIVE OAK RD | CITY- ST- ZIP VERO BEACH FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY- ST- ZIP | |
| TITLE D | NAME GROVE, GEORGENA | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1330 LITTLE HARBOR DR | CITY- ST- ZIP VERO BEACH FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY- ST- ZIP | |
| TITLE D | NAME NORRIS, ANNA P | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 241 ISLAND CREEK DR | CITY- ST- ZIP VERO BEACH FL | 4.2 NAME | DELETE |
| | | 4.3 STREET ADDRESS | DELETE |
| | | 4.4 CITY- ST- ZIP | DELETE |
| | | 4.5 CITY- ST- ZIP | DELETE |
| TITLE | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY- ST- ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY- ST- ZIP | |
| TITLE | NAME | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY- ST- ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY- ST- ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Jane P. Schwiering* **4/4/95** **407 231 1270**
Typed or printed name of signing officer or director