

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V41953 (3)
1. Corporation Name
AVON GRADALL RENTAL, INC.



Principal Place of Business Mailing Address
13025 COMPTON ROAD 13025 COMPTON ROAD
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 30

3. Date Incorporated or Qualified

06/08/1992

4. FEI Number

65-0293881

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AVON, RONALD A
105 B WEYBRIDGE CIR
ROYAL PALM BEACH FL 33411-1557

10. Name and Address of New Registered Agent

81 Name AVON KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable)
13025 COMPTON RD.
83
84 City LOXAHATCHEE FL 85 Zip Code 33470

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 Kathleen Avon

Kathleen Avon

1-6-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------|------------------|----------------|-------------------------------------|
| P | AVON, RONALD A | 13025 COMPTON RD | LOXAHATCHEE FL | <input checked="" type="checkbox"/> |
| VP | AVON, KATHLEEN | 13025 COMPTON RD | LOXAHATCHEE FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|-----------------|--------------------|------------------------|-------------------------------------|--------------------------|
| PRESIDENT | AVON, KATHLEEN | 13025 COMPTON RD. | LOXAHATCHEE, FL. 33470 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECRETARY | AVON, RONALD A. | 13025 COMPTON RD. | LOXAHATCHEE, FL. 33470 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby 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.

CR2E034 (10/97)