

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000063328

Entity Name: OCTAQUIP RENTAL CO.**Current Principal Place of Business:**524 STOCKTON ST
JACKSONVILLE, FL 32204**Current Mailing Address:**524 STOCKTON ST
JACKSONVILLE, FL 32204**FEI Number:** 27-3214416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name BOREE, DAVID D
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name CREWS, JOSEPH M
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name DURBAN, WAYNE E
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name MARSHALL, JR., JAMES B
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name SCRIBBINS, MICHAEL E
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name TURKNETT, LARRY
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204Title D
Name SHEPARD, TERRY K
Address 524 STOCKTON ST
City-State-Zip: JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D BOREE**DIRECTOR****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date