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

**PROFIT** CORPORATION **ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12 1998 8:00an	1
Secretary of State	

	1998	TO THE	DIVISION OF CORPORATIONS		ONS	Secretar	y of S	state	
	MENT # Name HQUIP, INC.	549818	(3)						
Principal Place			Mailing Address				1 81011 B1011 B1011 B10	)	
911 WINDING OAKS DR PALM HARBOR FL 34683			P.O. BOX 843 PALM HARBOR FL 34682						
US			US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						10/21/1977			
2. Principal Pi	ace of Business		2a. Mailing Address 26			4. FEI Number 59-1783054	<b></b>	pplied For ot Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
City & State	<del></del>		City & State			6. Election Campaign Financing	- Fee In	equired May Be	
<b>23</b> Zip		ountry	<b>28</b> Zip	Country		Trust Fund Contribution	Added	to Fees	
24	25	Juntry	<del>,</del> ' }	30	,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>		itangible No	
TER	<del></del>	ddress of Current R	egistered Agent	81	Name	10. Name and Address of New Registr	ered Agent		
	KRELL, JOHN C WINDING OAKS	DRIVE		L		Add (0.0 D N ) Add (1.0 D N )			
	M HARBOR FL 3			82	Street A	Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL 85 Zip	Code	
11. Pursuant t	o the provisions of	Sections 607.0502 a both, in the State of	nd 607.1508, Florida Statutes Florida, Such change was au	s, the above	e-named o	corporation submits this statement for the purpo- coration's board of directors. I hereby accept the		its registered	
	n <b>fa</b> miliar with, and	accept the obligation	ns of, Section 607.0505, Flori	ida Statutes	3.	contained a board of dispotors. Thereby accept the	т арропштент аз	i registereu	
	Signature, typed or printed	I name of registered agent a	od title if applicable (NOTE:	Registered Ago	nt signature r	•	ATE		
12.	VSD	OFFICERS AND D	RECTORS DELETE	13.	<del></del> r	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition	
NAME	TERRELL, SAL	LY J.	□ percut	1.2 NAME			<u>г</u> Спан <b>у</b> е	ADDITION	
STREET ADDRESS	911 WINDING OAKS DR.			1.3 STREET	adoress				
CITY-ST-ZIP TITLE	PALM HARBOR FL		☐ DELETE	1.4 CfTY - S	T - ZIP				
NAME	PTD Terrell, Joh	IN C	□ pereit	2.1 TITLE 2.2 NAME			Change	Addition	
STREET ADDRESS	911 WINDING			2.3 STREET	ADDRESS			]	
CITY-ST-ZIP	PALM HARBOI	R FL		2. 4 GITY - S	iT-ZIP				
TITLE NAME			DELETE	3.1 TITLE		···	Change	☐ Addition	
STREET ADDRESS				3.2 NAME 3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T- <b>ZI</b> P				
TITLE			☐ DELETE	4.1 TITLE			Change	Addition	
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET	*DODECC				
CITY-ST-ZIP				4.3 STREET					
TITLE			☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME OTRECT APPROVA				5.2 NAME					
STREET ADDRESS CITY-ST-ZIP				5.3 STREET 5.4 CITY - ST					
TITLE			☐ DELETE	6.1 TITLE	. <u> </u>		Change	Addition	
NAME				62 NAME					
STREET ADORESS				63 STREET	ľ				
14. I hereby ce	ertify that the inform	nation supplied with the	his filing does not qualify for	64 City-St		d in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information	

rigicated 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.