

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G75974** (7)
1. Corporation Name
STERLING EQUIPMENT & MANUFACTURING CO. OF CENTRAL FLORIDA, INC.

95 JAN 13 AM 9:23

Principal Place of Business Mailing Address
803 LINE STREET UMATILLA FL 32784-1449

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/28/1983** 3a. Date of Last Report **01/19/1994**

4. FEI Number **59-2341269** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, PETER F.
803 LINE STREET
UMATILLA FL 32784**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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

Applicant (Print the printed name of registered agent and title of corporation)

0601 Registered Agent signature required when establishing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROGERS, PETER F.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, PETER F.	1.2 NAME	
STREET ADDRESS	803 LINE STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	UMATILLA FL	1.4 CITY, ST, ZIP	
TITLE	STD CROAK, MICHAEL A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROAK, MICHAEL A.	2.2 NAME	
STREET ADDRESS	703 E. BURLEIGH BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAVARES FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 (2)(2)(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 of this report as an attachment with an address.

SIGNATURE: *Peter F. Rogers*
SIGNATURE AND TYPE OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR
PETER F. ROGERS, PRES

1-9-95 904-669-3255
Date Expiration Period