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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P15043

(3)

LINK-BELT CONSTRUCTION EQUIPMENT COMPANY  Principal Place of Business Mailing Address									
2651 PALUMBO	DRIVE	2651 PALUMBO DRIVE			<b>\</b>				
P. O. BOX 1380	P. O. BOX 13600	OX 13600							
LEXINGTON KY 40583 LEXINGTON KY 40583-3600					3. Date Incorporated or Qualified	3a. Date of La	ot Booot		
					The second secon		•		
2. Principal Pi	lace of Business	2a. Mailing Address			06/30/1987 4. FEI Number	04/02/199	Applied For		
		26		61-1099661	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	75 Additional			
		27		6. Certificate of Status Desired	Fe Fe	e Required			
City & State	e	City & State			6. Election Campaign Financing		. <b>00</b> May Be		
23		28		<del></del>	Trust Fund Contribution		ded to Fees		
Zip <b>24</b>	Country	Zip	Country		8. This corporation has liability for i	ntangible tax und ] Yes	ler s. 199.032,		
24	25   9. Name and Address of Current	29 3 Registered Agent	0		Florida Statutes  10. Name and Address of New Re				
CT (			81	Name			· · · · · · · · · · · · · · · · · · ·		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				0			······································		
	NTATION FL 33324		82	Street A	iddress (P.O. Box Number is Not Acceptab	ю)			
י רביי	11/1/10/11 / 0 00024		83						
			84	City		lee	Zip Code		
ļ				,			•		
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
12,	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	nt signature i	required when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE	TORS IN 12		
TITLE	V	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC	Cha			
NAME	MARTZ, CHARLES		1.2 NAME	ŀ		_	-		
STREET ADDRESS	4108 CIMARRON COURT		1.3 STREET	ADDRESS					
CITY-ST-ZIP	LEXINGTON, KY 40513		1.4 DITY-5	1					
TITLE	S	☐ DELETE	2.1 TITLE			Cha	nge Addition		
NAME	JACKSON, D. A.		2.2 NAME						
STREET ADDRESS	2145 FORT HARRODS DRIVE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LEXINGTON, KY 40513		2 4 CiTY-	ST-ZIP					
TITLE	V	DELETE	31 TITLE		V	<b>X</b> Cha	inge 🔲 Addition		
NAME	QUINN, DANIEL G.		3.2 NAME	Į	Daniel G. Quinn				
STREET ADDRESS	111 CAROLYN LANE		3.3 STREET	1	1149 Chetford Drive				
CITY-ST-ZIP	NICHOLASVILLE KY	DELETE	3.4. CITY-:	ST-ZIP	Lexington, KY 40509	Cha	inge		
TATLE	VT	☐ NETER	4.1 TITLE 4.2 NAME			ريا رالا	mac FT WOODDON		
NAME STREET ADDRESS	HARVELL, ROBERT 1133 SHEFFIELD PL		4. 2 NAME 4.3 STREET	i					
STREET ADDRESS  Ofty-St-Zip	LEXINGTON KY		4.3 STREET						
TITLE	PD	X DELETE	5.1 TITLE	Z1 - &11	V	☐ Cha	inge X Addition		
NAMÉ	IZUMI, TAKESHI		5.2 NAME		Tahu D Cladian	_			
STREET ADDRESS	1466 SUGAR MAPLE LANE		5.3 STREET	ADDRESS	John F. Claflin				
CITY-ST-ZIP	LEXINGTON KY		5.4 CiTY+5	ST-ZIP	2125 Woodbridge Way Lexington, KY 40515				
TITLE	<b>V</b> P	DELETE	6.1 TITLE		PD	X Cha	ange Addition		
NAME	TATSUO HIJIKATA		6.2 NAME	1	Tatsuo Hijikata				
STREET ADDRESS	4030 TATES CREEK ROAD		6.3 STREET	T ADDRESS	668 Andover Village P	lace			
CITY - ST - ZIP	LEXINGTON KY		6.4 CITY - 5	ST-ZIP	-				
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption state of 19.07.30.0. Portion 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 the pged, or on an all achment with an address.									

IF CUIPDEM. Jackson

**FILED** Feb 06 1997 8:00am

Secretary of State