

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 26 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000021859 (2)**

1. Corporation Name  
**YARNELL EQUIPMENT SALES, INC.**

Principal Place of Business: **213 SEAWOODS DR FERNANDINA BCH FL 32034 US**  
Mailing Address: **P O BOX 1889 FERNANDINA BCH FL 32035-1889 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>1235 South 10th St</b>		26 <b>P O BOX 1889 FERNANDINA BCH FL 32035-1889 US</b>		<b>04/01/1993</b>		<b>04/04/1994</b>	
22 Suite, Apt. #, etc. <b>W-1</b>		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 <b>Fernandina Beach FL</b>		28 City & State		<b>59-3173056</b>		<input type="checkbox"/> Not Applicable	
24 <b>32034</b>		25 <b>USA</b>		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>YARNELL, J. JAY 213 SEAWOODS DR FERNANDINA BCH FL 32034</b>				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				<b>2119 ATLANTIC AVE</b>			
				04 City <b>Fernandina Beach FL</b> 05 Zip Code <b>32035</b>			

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: *[Signature]* DATE: **1/20/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARNELL, J. JAY</b>	1.2 NAME	
STREET ADDRESS	<b>213 SEAWOODS DR</b>	1.3 STREET ADDRESS	<b>2119 ATLANTIC AVE</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	1.4 CITY-ST-ZIP	<b>Fernandina Beach, FL</b>
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JAMES D</b>	2.2 NAME	<b>DELETE</b>
STREET ADDRESS	<b>213 SEAWOODS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARNELL, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>213 SEAWOODS DR</b>	3.3 STREET ADDRESS	<b>2119 ATLANTIC AVE</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>	3.4 CITY-ST-ZIP	<b>Fernandina Beach FL</b>
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 110.07(3)(a), 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 addition.

SIGNATURE: *[Signature]* DATE: **1-20-95** 904-261-9119