


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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000016991 (7)**  
 1. Corporation Name  
**F & D EQUIPMENT CORPORATION**



Principal Place of Business: **C/O DAVID CAUDILL, 150 TEQUESTA DR STE 200, TEQUESTA FL 33469**

Mailing Address: **C/O DAVID CAUDILL, 150 TEQUESTA DR STE 200, TEQUESTA FL 33469-2718**

3. Date Incorporated or Qualified: **02/21/1996**      3a. Date of Last Report

4. FEI Number: **65-0727157**      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: **21** Suite, Apt. #, etc.

2a. Mailing Address: **26** **PO Box 4085**

22. City & State: **27** Suite, Apt. #, etc.

23. City & State: **28** **Tequesta, FL**

24. Zip: **25** Country: **29** **33469** **30** **USA**

9. Name and Address of Current Registered Agent

**JONES, MATTHEW L**  
**215 S FEDERAL HWY STE 200**  
**STUART FL 34995**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL**      85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUDILL, DAVID A</b>	1.2 NAME	<b>Caudill, David A.</b>
STREET ADDRESS	<b>150 TEQUESTA DR STE 200</b>	1.3 STREET ADDRESS	<b>2995 S.E. Aster Ln. E201</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	1.4 CITY-ST-ZIP	<b>Stuart, FL 34994</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Durrance, Dallas H.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4296 Dawnring St.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Secretary/Treasurer</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Shaffer, Fredrick D.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>248 Sussex Circle</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Caudill, David A.</b>
1.3 STREET ADDRESS	<b>2995 S.E. Aster Ln. E201</b>
1.4 CITY-ST-ZIP	<b>Stuart, FL 34994</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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3.3 STREET ADDRESS	<b>Shaffer, Fredrick D.</b>
3.4 CITY-ST-ZIP	<b>248 Sussex Circle</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE: *Fredrick D. Shaffer*      4-23-97      561      575-1210

CR2E034 (9/96)