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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90239 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032909

1. Corporation Name
PENINSULA EQUIPMENT, INC.

Principal Place of Business

3604 ROYAL COURT N
LAKELAND FL 33813

Mailing Address

POST OFFICE BOX 6009
LAKELAND FL 33807
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1996

4. FEI Number

59-3371021

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 202 Lake Miriam Drive

Suite, Apt. #, etc.

22 4-E

City & State

23 Lakeland Florida

Zip Country

24 33813 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

City & State

28

Zip Country

29 30

9. Name and Address of Current Registered Agent

HOWELL, CHARLES M
3604 ROYAL COURT N
LAKELAND FL 33813

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 *Charles M. Howell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDAS
NAME HOWELL, CHARLES M.
STREET ADDRESS 3604 ROYAL COURT N
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

TITLE VAS
NAME MADDUX, KATHI T
STREET ADDRESS 4070 OLD COLONY ROAD
CITY-ST-ZIP MULBERRY FL 33860 ☐ DELETE

TITLE ST
NAME GERMAINE, SHARON D
STREET ADDRESS 849 EUCALYPTUS STREET
CITY-ST-ZIP SEBRING FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

9416197500

Daytime Phone #

CR2E034 (11/98)