

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 160082 (4)
1. Corporation Name
WEST FLORIDA EQUIPMENT COMPANY



Principal Place of Business: **4072 LAFAYETTE MARIANNA FL 32446 US**
Mailing Address: **4072 LAFAYETTE ST MARIANNA FL 32446 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **01/02/1950**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **59-0857629**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RETFERFORD, BILLY J
4352 FOLSOM ST
MARIANNA FL 32446**

10. Name and Address of New Registered Agent (81-85) fields.

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 of Current Registered Agent and Florida Secretary of State) and DATE fields.

12. OFFICERS AND DIRECTORS

TITLE	PTC	<input type="checkbox"/> DELETE
NAME	BALL, RICHARD K	
STREET ADDRESS	1702 NORTHSIDE DR	
CITY-ST-ZIP	DOTHAN AL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BALL, MARY	
STREET ADDRESS	1702 NORTHSIDE DR	
CITY-ST-ZIP	DOTHAN AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HART, KENNETH W.	
13 STREET ADDRESS	POST OFFICE BOX 393	
14 CITY-ST-ZIP	COTTONWOOD, AL 36320	
21 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BALL, MARY	
23 STREET ADDRESS	1702 NORTHSIDE DR	
24 CITY-ST-ZIP	DOTHAN, AL 36303	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/94 904/482-3033
Date: Daytime Phone #

CR2E034 (12/95)