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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996		DIVISION OF CORPORATIONS						
DOCUM 1, Corporation N		4630	(6)					
HIGHWA	Y EQUIPMENT &	SUPPLY CO						
1 11 41 1111	II LOON MEITI O	001121 00.				!	(1 <b>66</b> )	HA BIĞIR GIĞRI I <b>d</b> al
Principal Place of Business		Mailing Address						
1016 W. CHRUCK ST ORLANDO FL 32805		P O BOX 547189 ORLANDO FL 32854						
us	:	US	1100 12 02007			Date Incorporated or Qualified	3a. Date of Last P	Panad
						03/23/1951	04/11/19	•
2. Principal Place of Business		2a. Mail	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Apt # etc		26				59-0656633		Not Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		Additional Required
Crty & State		J	City & State			6. Election Campaign Financing		May Be
Zip	Country	<b>28</b>	· · · · · · · · · · · · · · · · · · ·	Country		Trust Fund Contribution  8. This corporation has liability for in	Adue	d to Fees
24	25	29		30		Florida Statutes Yes		199.032,
	9. Name and Address o	f Current Registered	Agent			10. Name and Address of New R	egistered Agent	
DACCHOI	DE DICHARD E			81	Name			
Passmore, Richard E 1016 West Church St				82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
	) FL 32805	· •						·
				84	City		<b>₽3</b> 85 Zi	p Code
11. Pursuant to the	ne provisions of Sections	907 0502 and 607 150	8. Florida Statutos	the above o	amed corre	oration submits this statement for the purp	FL	raciatornal affina
or registered	agent, or both, in the State and accept the obligations	e of Fiorida. Such char	ige was autnorizei	d by the corpo	oration's bo	ard of directors. I hereby accept the appo	pose of changing its to pintment as registered	agent. I am
SIGNATURE Signature, typed or printed name of registr		tered agent and title if applicable (NOTE: Registered Agent signature required				DATE		
12.	SD	CERS AND DIRECTORS	DELETE	13.	1	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12  Addition
NAME	SNYDER, MARK A			1.2 NAME			Change	Addition
STREET ADDRESS	MR10 E BRADY ROA	<b>D</b>		1.3 STREET	ADDRESS			
CHY-S1-ZIP	KITTANNING,PA 000	00		1.4 CITY-SI	-ZIP			
THUE	PD		☐ DELETE	2. 1 TITLE			☐ Change	☐ Addition
NAME	PASSMORE, RICHAR			2 2 NAME	1			
STREET ADDRESS	1016 W CHURCH ST ORLANDO, FL 00000		_		ADDRESS			
CITY-ST-ZIP TITLE	VD		DELETE	2 4 CITY - ST 3 1 TITLE	-ZIP	<u></u>	☐ Change	Addition
NAME	SNYDER, C.H., JR.		_	3.2 NAME				
STREET ADDRESS	SS MR10 E BRADY ROAD		33 ST		ADDRESS			
CITY-ST-ZIP	KITTANNING, PA 000	000		34 CITY- ST	- ZIP			
THLE	TD	☐ DELETE		4 1 TITLE			☐ Change	☐ Add-tion
NAME SIDEST ADDRESS	SNYDER, DAVID E	n		4 2 NAME				
STREET ADDRESS CITY-ST-ZIP	MR10 E BRADY ROA KITTANNING, PA 000			4.3 STREET / 4.4 City-St				
TITLE	CD	<u></u>	DELETE	5 1 THILE	- 2117		Change	Addition
NAME	SNYDER, E A		_	5.2 NAME	-			
STREET ADDRESS	MR10 E BRADY ROA	.D		5 3 STREET	ADDRESS			
CHY-SI-ZIP	KITTANNING, PA 000	000		5.4 CITY-ST	- ZIP			
THILE	VD	••	☐ DELETE	6. 1 TITLE			☐ Change	☐ Addition
NAME.	PASSMORE, JEFFRE			6.2 NAME				
STREET ADDRESS	1016 W. CHURCH ST ORLANDO FL	I		6.3 STREET	1			
CITY-ST-ZIP		upplied with this filing i	s voluntarily furnis	6.4 CITY - ST hed and does	not qualify	for the exemption stated in Section 119.0	7/3)/W Florida Statut	las I & without

4. 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 angoal 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 comporation 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF EDINITED NAME OF SIGNING OFFICER OF DIRECTOR

4/17/96 407/843-6310