

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 168423

1. Entity Name
SOUTHERN EQUIPMENT CORPORATION



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
**1720 W CLEVELAND ST
C
TAMPA, FL 33606 US**

Mailing Address
**1720 W CLEVELAND STREET
C
TAMPA, FL 33606 US**



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0673146

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARTSOCK, BARTON D.
1720 W CLEVELAND STREET
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000954082
07/10/08-80010-016 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB HARTSOCK, BARTON D 1720 W CLEVELAND ST TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOHNSON, WILLIAM, JR. 1720 W CLEVELAND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERRY, BRYAN 1720 W CLEVELAND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bryan C. Berry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-08-08 813-251-1039
Date Daytime Phone #