

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 180552 (2)

1. Corporation Name

ZAUN EQUIPMENT, INC.



Principal Place of Business

300 TECHNOLOGY PARK
P.O. BOX 950669
LAKE MARY FL 32795

Mailing Address

300 TECHNOLOGY PARK
P.O. BOX 950669
LAKE MARY FL 32795

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/14/1954

3a. Date of Last Report

02/14/1995

4. FEI Number

59-0722715

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

10. Name and Address of New Registered Agent

MILAM, ARTHUR W.
100 LAURA STREET, STE. 800
JACKSONVILLE FL 32202

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	REEMELIN, B G	
STREET ADDRESS	2758 HOLLY PNT RD	
CITY- ST- ZIP	ORANGE PK, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRUNS, THOMAS V.	
STREET ADDRESS	300 TECHNOLOGY PARK	
CITY- ST- ZIP	LAKE MARY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, J. F.	
STREET ADDRESS	300 TECHNOLOGY PARK	
CITY- ST- ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVER, J B	
STREET ADDRESS	6525 HEIDI RD	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNS, VIRGINIA	
STREET ADDRESS	300 TECHNOLOGY PARK	
CITY- ST- ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNS, MARK	
STREET ADDRESS	300 TECHNOLOGY PARK	
CITY- ST- ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)