

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 189842 (8)

1. Corporation Name

FLORIDA SCAFFOLDS & EQUIPMENT, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3:33

Principal Place of Business

Mailing Address

1328 W. OLIVE ST.
P.O. BOX 24507
LAKELAND FL 33802

1328 W. OLIVE ST.
P.O. BOX 24507
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/29/1955

3a. Date of Last Report
04/06/1994

4. FEI Number
59-0762010

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**SHAFFER, ALLEN G
1328 W OLIVE ST
LAKELAND FL 33801**

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 this application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHAFFER, ALLEN G.
STREET ADDRESS 2703 ST. CLOUD OAKS DR.
CITY - ST - ZIP VALRICO FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE STD
NAME SHAFFER, CELIA WHITLOCK
STREET ADDRESS 2703 ST. CLOUD OAKS DR.
CITY - ST - ZIP VALRICO FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE CD
NAME WHITLOCK, PAUL C.
STREET ADDRESS 2120 REANEY ROAD
CITY - ST - ZIP LAKELAND FL

31 TITLE whitlock, PAUL C. ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Delete

TITLE V
NAME HENDRICK, GARY L
STREET ADDRESS 1245 HAYMARKET DRIVE
CITY - ST - ZIP LAKELAND FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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)(b), 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 1807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Celia W. Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95

813-686-5159