

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 189842 (8)

1. Corporation Name
FLORIDA SCAFFOLDS & EQUIPMENT, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified 12/29/1955
3a. Date of Last Report 02/07/1995

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

25

29

30

9. Name and Address of Current Registered Agent

SHAFFER, ALLEN G
1328 W OLIVE ST
LAKELAND FL 33801

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

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	SHAFFER, ALLEN G.	2703 ST. CLOUD OAKS DR.	VALRICO FL	<input type="checkbox"/>
STD	SHAFFER, CELIA WHITLOCK	2703 ST. CLOUD OAKS DR.	VALRICO FL	<input type="checkbox"/>
V	HENDRICK, GARY L	1245 HAYMARKET DRIVE	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(g), 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: Celia W Shaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 941-686-5159

Date

Daytime Phone #

CR2E034 (12/95)