

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 # **230895** (5)
1. Corporation Name
DEALERS EQUIPMENT COMPANY



Principal Place of Business: **710 FOREST ST. JACKSONVILLE FL 32204**
Mailing Address: **710 FOREST ST. JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified: **12/08/1959**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-0878457**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADDOX, SHANE C.
337 E. BAY STREET
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD SCOTT, OLA B 710 FOREST STREET JACKSONVILLE FL	1.1 TITLE	PD Scott, Ola B
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	710 Forest St.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Jacksonville, FL 32204
TITLE	PTD SCOTT, OLA B 710 FOREST STREET JACKSONVILLE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD HOLSCLAW, CHARLIE 710 FOREST STREET JACKSONVILLE FL	3.1 TITLE	TD Holsclaw, Charlie B.
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	710 Forest St.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jacksonville, FL 32204
TITLE	SD HARDING, PATRICIA C 710 FOREST STREET JACKSONVILLE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	VD Holsclaw, Robert W.
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	710 Forest St.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Jacksonville, FL 32204
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *C.B. Holsclaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (904) 351-7347
Date Daytime Phone #

CR2E034 (12/95)