


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 270128 (2)			
1. Corporation Name BUFORD LONG EQUIPMENT COMPANY			
Principal Place of Business BUFORD LONG EQUIPMENT COMPANY 909 S. 6TH AVENUE WAUCHULA FL 33873 US		Mailing Address 909 S 6TH AVENUE POB 1660 WAUCHULA FL 33873-1660 US	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/21/1963	
22 City & State	27 City & State	3a. Date of Last Report 04/25/1996	
23 Zip	28 Country	4. FEI Number 59-1004074	
24	25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent LONG, BUFORD E 909 S. 6TH AVENUE WAUCHULA FL		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, BUFORD	1.2 NAME	
STREET ADDRESS	909 S. 6TH AVENUE, P. O. BOX 1660	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 0	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, SAMMIE W.	2.2 NAME	
STREET ADDRESS	909 S. 6TH AVENUE, P. O. BOX 1660	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 0	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Buford E. Long</i>		SIGNATURE: BUFORD E. LONG	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/2/97	
		Daytime Phone: 941-773-4156	

CR2E034 (9/96)