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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 282732

WALTER L. TUCKER EQUIPMENT SALES, INC.

i	Principal Place of Business	Mailing Address
	303-A ENTERPRISE STREET OCOEE FL 34761	303-A ENTERPRISE STREET OCOEE FL 34761

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90032 033 ***150.00



DO NOT WRITE IN	THIS SPACE		
Date Incorporated or Qualifed			
06/25/1964			
FEI Number		Apr	lied For
59-1763123		Not	Applicable
	40 7	-	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Aprilled For			
11	26	59-1763123	Not Applicable			
Suite, Alt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 A iditional Fee Required			
City & State	City & State	-6. Election Campaign-Financing Trust Fund Contribution	\$5.00-r/lay Be Added to Fees			
Zip Cour try	Zip Cc	8. This corporation owes the current ye Persor al Property Tax.	ear ntangible ⊠Yes I∃No			
9. Name and Address of Currer	at Registered Agent	10. Name and Address of New Regis	10. Name and Address of New Registered Agent			
TUCKER, WALTER L 303 A ENTERPRISE ST OCOEE, FL 34761		81 Name 82 Street Ac dress (P.O. Box Number is Not Acceptable) 83 City	85 Zip Code			

3.

11. Pursuant to the provisions of Scittons 607.0502 and 607.1508, Florida Statules, 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 circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed have of registered agent and title if applica-	WOT : D	mintered Asset Supplying	an and ution rejectation		DATE	\	
12.	OFFICERS AND DIRECTOR	tegistered Agent signature required when reinstating) DATE 13. ADDITI()NS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12						
TITLE	PD STRICE TO THE BIRESTON	DELETE	1.1 TITLE			Change	Addition	
NAME	TUCKER, WALTER		1.2 NAME					
	· ·		1.3 STREET ADDRESS				Į	
STREET ADDRESS	1 10 111 2112		1					
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP		_ .	Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ A00IIIO	
NAME	Tucker, evelyn		2.2 NAME					
STREET ADDRESS	740 W. 2ND AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	WINDERMERE FL		2. 4 CiTY-ST-ZIP					
TITLE	STD	☐ DELETE	31 TITLE		•	Change	Addition	
NAME	HABERKAMP, ELIZABETH A		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	WINDERMERE FL		3.4. CITY-ST-ZIP		_			
TITLE		☐ DELETE	41 TITLE			Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		□ DELETE	51 TITLE			Change	☐ Addition	
NAME	•		5.2 NAME					
STREET ADDRES S			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	 			<u>-</u>	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	

CITY-ST-ZIP 14. I 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 unfer oath; that I am an officer or director of the corporation of 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Walter L. Tucker, Pres.

407-656-5.200