

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 310987 (3)

1. Corporation Name
A & E EQUIPMENT CO., INC.

Principal Place of Business Mailing Address
4617 HIGHWAY AVE JACKSONVILLE FL 32254-1123 **4617 HIGHWAY AVE JACKSONVILLE FL 32254-1123**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1966** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-1174365** 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. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5618 VISTA VERDE ST** 26 **5618 VISTA VERDE ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **JACKSONVILLE, FL.** 28 **SAME**

Zip Country Zip Country
24 **32244** 25 **FLORIDA** 29 **SAME** 30 **FLORIDA**

9. Name and Address of Current Registered Agent
**LOLA L HAYDEN
5618 VISTA VERDE ST
JACKSONVILLE FL 32244**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, LEELAND	1.2 NAME	TURNED BACK SHARES DELETE
STREET ADDRESS	1285 EAGLE BEND COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	HAYDEN, HERBERT	2.2 NAME	TURNED BACK SHARES DELETE
STREET ADDRESS	5618 VISTA VERDE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	HAYDEN, MARLYN	3.2 NAME	TURNED BACK SHARES DELETE
STREET ADDRESS	1285 EAGLE BEND COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	
NAME	HAYDEN, LOLA LORENE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5618 VISTA VERDE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *Lola L. Hayden* **LOLA L. HAYDEN** 4/14/95 (904) 778-2509