FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 326439 (7) DOCUMENT # FLORIDA EQUIPMENT & SERVICE, INC. Principal Place of Business Mailing Address HWY 60 WEST HWY 60 WEST P.O. BOX 329 P.O. BOX 329 BARTOW FL 33830 BARTOW FL 33830 3a. Date of Last Berout 05/16/1995 3. Date Incorporated or Qualified 02/15/1968 4. FEI Number 59-1211705 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required **Crty & State** City & State 6. Election Campaign Financing \$5.00 May Be [7] 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAXWELL,R E 82 Street Address (P.O. Box Number is Not Acceptable) 4062 HWY 60 E BARTOW FL 83 City Zip Code 85 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 trie if auplicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETÉ 1.1 DTv6 Change Addition MAXWELL, R E NAME 1.2 NAME 4062 HWY 60 E STREET ADDRESS 1.3 STREET ADDRESS BARTOW, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE ☐ Change Addition ALLEN, GLENN A NAME 2.2 NAME 6111 WATERWOOD WAY STREET ADDRESS 2.3 STREET ADDRESS BARTOW FL CITY - S1 - ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition MAXWELL, BARBARA A. NAME 3.2 NAME 4062 HWY, 60 EAST STREET ADDRESS 3.3 STREET ADDRESS BARTOW FL CITY-ST-7IP 3 4 CITY - ST - ZIP TITLE DELETE Change 4. 1 TITLE ☐ Addition DOUGLAS, GEORGE M. NAME 4.2 NAME 121 - 2ND ST., JPV STREET ADDRESS 4.3 STREET ADDRESS WINTER HAVEN FL CITY-S1-7IP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 BILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 64 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

OFFICER OR DIRECTOR

the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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certify that the information indicated on this annu-oath; that I am an officer or director corp.

appears in Block 12 or Block

SIGNATURE:

(12/95)

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