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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 326439

(7)

FLORIDA EQUIPMENT & SERVICE, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business HWY 60 WEST P.O. BOX 329		HWY P.O.	Mailing Address HWY 80 WEST P.O. BOX 329								
BARTOW FL 33830			BARTOW FL 33831-0029			3. Date Incorporate 02/15/1968	3. Date Incorporated or Qualified			eport	
2. Principal Place of Bu	iness	26.	Mailing Address			4. FEI Number		.1	Ap	plied For	
21		26	0.11. 4.11			59-1211705			<del></del>	t Applicable	
Suite, Apt #, ctc		27	Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired		<b>\$8.75</b> / Fee Re		
City & State			City & State		······································	6. Election Campai	on Financino		\$5.00	·	
23		28				Trust Fund Contr	-		Added t		
Zip	Country		Ζιρ	Coun	try	8. This corporation				199.032,	
24	25 and Address of Curr	29	and Asset	30		Florida Statutes  10. Name and Addr		Yes			
MAXWELL,R E	e and Address of Curre	ent Hegiste	ered Agent		1 Name	) U. Name and Addi	ess of New Het	gistered Ag	97) (		
4062 HWY 60				_							
BARTOW FL	-			1	32 Street	Address (P.O. Box Number i	s Not Acceptab	le)			
57411OTT IL				l t	93						
				\  -	B4 City			······································	#E 7:0 /	Code	
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<ol> <li>Pursuant to the provoffice or registered agent. I am familiar</li> </ol>	sions of Sections 607.05 agent, or both, in the Sta with, and accept the obli	502 and 60° ite of Florida igations of	7.1508, Florida Stati a. Such change was Section 607.0505, F	utes, the abo s authorized Florida Statu	ove-named by the corp tes.	corporation submits this sta poration's board of directors	tement for the p	trpose of cl the appoir	nanging It niment as	s registered registered	
CICMATERIO											
SIGNATURE Signature, typ	ed or printed name of registered a	agent and tile if	applicable (NC	OTE Registered	Agent signature	required when reinstating)		DATE			
12.	ed or printed name of registered a OFFICERS A		IORS	13.		required when reinstating) ADDITIONS/CHAI	GES TO OFFIC	ERS AND D			
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SIGNATURE:

BERINTED NUMBER BIONING OFFICER OR DIRECTOR

119/97 (941) 533-567

ne Phone #