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 # 332916 1. Corporation Name

SOUTHERN CONSTRUCTION EQUIPMENT CO.

Principal Place	e or business	Maining Addition			\			
6286 PHILLIPS HIGHWAY JACKSONVILLE FL 32216		6286 PHILLIPS HIGHWAY JACKSONVILLE FL 32216		DO NO	T WRITE IN THIS	SPACE		
ê, ti	et en s				3. Date Incorporated or Qu 07/24/1968	alifed	· · ·	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number] A	oplied For
		26			59-1219021		No.	ot Applicable
21 Suite Act # ata		Suite, Apt. #, etc.		-		\$8.75	Additional	
Suite, Apt. #, etc.		27		5. Certifcate of Status Desi	ired 🗌		equired	
22		City & State		- Flanka Commiss Fine	neina	\$5.00	May Bo	
City & State		} 		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28	Countr					10:000
Zip	Country	Zip		у	8. This corporation owes the	ne current year int	angible ☐ Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of	New Bogistered		
	. 9. Name and Address of Current	t Registered Agent	81	1 Name	10. Name and Address of	New Registered	Agein	-
00//	VE JOIN!!!		01	Name				·
GOYKE, JOHN H 8150 HUNTERS GROVE ROAD		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)				
JACK	KSONVILLE FL		83	3			11	
			84	4 City	<u> </u>		85 Zip	Code
7 July . •				'		F <u>L</u>		
11. Pursuant office or readent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 607.1508, Florida Statute of Florida. Such change was au tions of Section 607.0505, Flori	s, the about thorized by	ve-named cor y the corporat	rporation submits this statement tion's board of directors. I hereby	for the purpose of y accept the appoi	changing its ntment as re	s registered egistered
			ida Otatato	·S.				
CICNATURE					ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age		ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered sgent	t and title if applicable. (NOTE:		ent signature requir		DATE		ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	13.	ent signature requir	ired when reinstating)	DATE	ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GOYKE, JOHN H	t and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature requir	ired when reinstating)	DATE	ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD GOYKE, JOHN H 6286 PHILLIPS HIGHWAY	t and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requir	ired when reinstating)	DATE	ID DIRECT	ORS IN 12
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SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed, or on any

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inval report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ror trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90005 043 ***150.00