FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 344397 (5)

1. Corporation Name
ALDEN EQUIPMENT CO INC OF FLORIDA

Principal Place of Business	Mailing Address
11909 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	11909 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837-9410 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1969
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-1261618 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARKSON,R L
11909 S. ORANGE BLOSSOM
ORLANDO FL 32821

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Executive Vice Presiden ☐ Change ☒ Addition
NAME	SIEGEL, T.	1.2 NAME	Clarkson, Duane
STREET ADDRESS	16957 ARROWHEAD BLVD.	1.3 STREET ADDRESS	5882 Marlberry Dr.
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BALL, L.S.	2.2 NAME	
STREET ADDRESS	762 W VENTURA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO CA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ARNOLD	3.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, B.	4.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARKSON, J.	5.2 NAME	
STREET ADDRESS	5882 MARLBERRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MAHLER, S.	6.2 NAME	
STREET ADDRESS	306 WEST BUCHANON	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 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 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: R.L. Clarkson 3-16-95 407-851-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065364 CP