

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 # 344397

1. Corporation Name

ALDEN EQUIPMENT CO., INC. OF FLORIDA

Principal Place of Business

11909 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

11909 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-9410
US

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90022 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1969

4. FEI Number

59-1261618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 CLARKSON R.L.

82 Street Address (P.O. Box Number is Not Acceptable)

83 7657 SAN REMO PL.

84 City ORLANDO

FL

85 Zip Code 32835

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST ☒ DELETE

NAME CLARKSON, JOANNE
STREET ADDRESS 16957 ARROWHEAD BLVD.
CITY-ST-ZIP WINTER GARDEN FL

TITLE D ☐ DELETE

NAME BALL, L.S.
STREET ADDRESS 762 W VENTURA BLVD
CITY-ST-ZIP CAMARILLO CA

TITLE PD ☐ DELETE

NAME CLARKSON, DUANE
STREET ADDRESS 11909 S ORANGE BLOSSOM TR
CITY-ST-ZIP ORLANDO FL

TITLE VAS ☐ DELETE

NAME CLARKSON, J.
STREET ADDRESS 5882 MARLBERRY
CITY-ST-ZIP ORLANDO FL

TITLE V ☒ DELETE

NAME MAHLER, S.
STREET ADDRESS 306 WEST BUCHANON
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: ROBERT CLARKSON CLARKSON 4/1/99 407299-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

0103314