

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **346931**

(9)

1. Corporation Name

**MCCOY EQUIPMENT INC**



Principal Place of Business

**8000 N.W. 74 STREET  
P.O. BOX 660461  
MIAMI SPRINGS FL 33166**

Mailing Address

**8000 N.W. 74 STREET  
P.O. BOX 660461  
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., etc.

26

State, Apt., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCCOY, JOHN FRANK  
8000 N.W. 74 ST.  
MIAMI FL 33166**

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 607.0602 and 607.1502, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

**MCCOY, JOHN FRANK**

STREET ADDRESS

**8000 N.W. 74 ST.**

CITY, ST, ZIP

**MIAMI FL**

TITLE

VSD

☐ DELETE

NAME

**PARKER, DAVID D.**

STREET ADDRESS

**8000 N.W. 74 ST.**

CITY, ST, ZIP

**MIAMI FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this statement is true and correct, and that I am a duly qualified officer or director of the corporation, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of the records of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)