

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 349878 (9)

1. Corporation Name

EQUITY SERVICES, INC.



Principal Place of Business

393 NORTH TEMPLE AVENUE
STARKE FL 32091

Mailing Address

P.O. BOX 517
STARKE FL 32091
US

3. Date Incorporated or Qualified
07/25/1969

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 393 N. Temple Ave.

Suite, Apt. #, etc.

22 City & State

23 Starke, Florida

24 Zip 32091

Country US

2a. Mailing Address

26 393 N. Temple Ave.

Suite, Apt. #, etc.

27 City & State

28 Starke, Florida

29 Zip 32091

Country US

4. FEI Number

26-3283808

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

ODOM JR, J D
393 N. TEMPLE AVENUE
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name Vernie P. Odom
82 Street Address (P.O. Box Number is Not Acceptable)
393 N. Temple Ave.
83
84 City Starke FL 85 Zip Code 32091

11. Pursuant to the provisions of Sections 607.0509 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

Vernie P. Odom

4/30/1996

Signature, typed or printed name of registered agent and both if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	ODOM JR, J D	393 N. TEMPLE AVE.	STARKE FL	<input checked="" type="checkbox"/>
V	PIERCE, GEORGE H	706 GENE ST.	STARKE FL	<input checked="" type="checkbox"/>
ST	ODOM, VERNIE PHILLIPS	393 N. TEMPLE AVE.	STARKE, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

DST
Vernie P. Odom
393 N. Temple Ave.
Starke, FL. 32091

DP
John D. Odom, III
393 N. Temple Ave.
Starke, FL. 32091

DV
John C. Odom
393 N. Temple Ave.
Starke, FL. 32091

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)(k), 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 my address.

SIGNATURE:

Vernie P. Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904-964 6314

Date

Daytime Phone #

CR2E034 (12/95)