2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 379497

Entity Name: PALMLAND EQUIPMENT COMPANY

Current Principal Place of Business:

4292 VENETIA BLVD.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6744
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-1321316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLYFIELD, WILLIAM G JR
4292 VENETIA BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SINGLETARY, R. L.
Address: EAST PINE TREE BLVD.
City-St-Zip: THOMASVILLE, GA 00000,

Title: D ( ) Delete
Name: CHAMBERS, JACK H
Address: 814 WATERMAN RD. SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: DOWDY, L.J.
Address: 3565 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: HOLYFIELD JR, WILLIAM G
Address: 4292 VENTIA BLVD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: PT ( ) Delete
Name: HOLYFIELD JR, WILLIAM G
Address: 4292 VENTIA BLVD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: S ( ) Delete
Name: HOLYFIELD, PAULINE P
Address: 4292 VENETIA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HOLYFIELD PRES 03/18/2009

Electronic Signature of Signing Officer or Director — Date