

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 524579 (0)

1. Corporation Name  
**CASEY'S EQUIPMENT COMPANY, INC.**



Principal Place of Business: 909 DENNIS AVE, ORLANDO FL 32807, US  
Mailing Address: 909 DENNIS AVE, ORLANDO FL 32807, US

3. Date Incorporated or Qualified: 01/27/1977  
3a. Date of Last Report: 03/14/1995  
4. FEI Number: 59-1791316  
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

2. Principal Place of Business: 21. UPPER Cody Rd East, 22. Suite, Apt. #, etc., 23. WACISSA FLA, 24. 32361, 25. Jefferson, 26. P.O. Box 826, 27. Suite, Apt. #, etc., 28. WACISSA FLA, 29. 32361, 30. Jefferson

9. Name and Address of Current Registered Agent: CASEY, LARRY H., 909 DENNIS AVENUE, ORLANDO FL 32807  
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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<del>DELETE</del>	1. TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HORCHLER, JON		2. NAME: CASEY, LARRY H.	
STREET ADDRESS: 1427 ST. NICHOLAS AVE.		3. STREET ADDRESS: P.O. BOX 826	
CITY-STATE-ZIP: CHRISTMAS FL		4. CITY-STATE-ZIP: WACISSA FLA 32361	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CASEY, LARRY H		2.2 NAME:	
STREET ADDRESS: 909 DENNIS AVENUE		2.3 STREET ADDRESS:	
CITY-STATE-ZIP: ORLANDO, FL 00000		2.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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)(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 an address.

SIGNATURE: Larry H. Casey Larry H. Casey 2/14/96 904-997-3939

CR2E034 (12/95)