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Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 524579 (0)

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



Principal Place of Business: UPPER CODY ROAD EAST WACISSA FL 32361 US  
Mailing Address: P.O. BOX 826 WACISSA FL 32361-0826 US

3. Date Incorporated or Qualified: 01/27/1977  
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-1791316  
Applied For: Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip Country 25. Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, LARRY H.  
809 DENNIS AVENUE  
ORLANDO FL 32807

81 Name: LARRY H. CASEY  
82 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 826  
83: UPPER CODY RD EAST  
84 City: WACISSA, FL 32361 FL  
85 Zip Code: 32361

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: CASEY, LARRY H  
STREET ADDRESS: P.O. BOX 826 N/A  
CITY - ST - ZIP: WACISSA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: PD  
NAME: CASEY, LARRY H  
STREET ADDRESS: 809 DENNIS AVENUE  
CITY - ST - ZIP: ORLANDO, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

3.1 TITLE  
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3.4 CITY - ST - ZIP

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5.1 TITLE  
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5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Larry H. Casey 1/16/97 904 997 3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)