


FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90260 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 575082

1. Corporation Name

LANKFORD EQUIPMENT COMPANY, INC.



Principal Place of Business 7010 SW 4TH ST MIAMI FL 33144	Mailing Address 7010 SW 4TH ST MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/18/1978 4. FEI Number 59-1883237 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent LANKFORD, JAMES B 7010 SW 4TH STREET MIAMI, FL 33144				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	
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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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANKFORD, DOROTHY J		1.2 NAME				
STREET ADDRESS	3309 NORTH INDIAN RIVER DRIVE		1.3 STREET ADDRESS				
CITY-STATE-ZIP	FT PIERCE FL 34946		1.4 CITY-STATE-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANKFORD, ROBERT F.		2.2 NAME				
STREET ADDRESS	10471 S.W. 118TH STREET		2.3 STREET ADDRESS				
CITY-STATE-ZIP	MIAMI FL 33176		2.4 CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANDFORD, RANDY L		3.2 NAME	LANKFORD, RANDY L. (NAME SPELLED WRONG)			
STREET ADDRESS	7101 S W 59TH STREET		3.3 STREET ADDRESS				
CITY-STATE-ZIP	MIAMI FL 33143		3.4 CITY-STATE-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DENNIS, DONNA		4.2 NAME				
STREET ADDRESS	9405 SW 144 ST		4.3 STREET ADDRESS				
CITY-STATE-ZIP	MIAMI, FL 33176		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 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA DENNIS

4/20/99

Date

305-266-0800

Daytime Phone #

CR2E034 (1/1/98)