FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **597424** **(1)**

1. Corporation Name

FLORIDA BUSINESS EQUIPMENT, INC.

Principal Place of Business	Mailing Address
984 W. STATE ROAD 434 LONGWOOD FL 32750	984 W. STATE ROAD 434 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1978**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1865713**	☐ 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
7. The corporation has subsidiaries and affiliates as defined by Section 607.0901, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business
21 1006 W. STATE Road 434
22 Longwood
23 FLA
24 32750 25 Seminole

2a. Mailing Address
26 SAME
27
28
29 30

9. Name and Address of Current Registered Agent

FAULKNER, DONALD M.
125 SHADOW TRAIL
LONGWOOD FL 32750

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 607.0502 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 (Typed or printed name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE	VP	☐ Change ☐ Addition
02 NAME	FAULKNER, DONALD M.	
03 STREET ADDRESS	125 SHADOW TRAIL	
04 CITY ST ZIP	LONGWOOD FL	
11 TITLE	VP	☐ Change ☐ Addition
12 NAME	FAULKNER, ANDREW	
13 STREET ADDRESS	125 SHADOW TRAIL	
14 CITY ST ZIP	SANFORD FL	
21 TITLE	P	☐ Change ☐ Addition
22 NAME	FAULKNER, JEANETTE M.	
23 STREET ADDRESS	125 SHADOW TRAIL	
24 CITY ST ZIP	LONGWOOD FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate and that this report is filed pursuant to Section 607.1622(2), 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 1, 2, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: D Faulkner DONALD M. FAULKNER 4/20/95 407-339-6604
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone)

0040992 CP