FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610025 (9)

1. Corporation Name

WILLIAMS EQUIPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
222 E PERSHING STREET PO BOX 2293 TALLAHASSEE FL 32316	222 E PERSHING STREET PO BOX 2293 TALLAHASSEE FL 32316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1979	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1911295	☐ 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
8. This corporation qualifies for the exemption from the intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, KIM B 917 SUMMERBROOKE DR TALLAHASSEE FL 32312	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 __________ DATE __________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, KIM B	1 2 NAME	
STREET ADDRESS	1411 S MERIDIAN ST	1 3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1 4 CITY-ST-ZIP	
TITLE	STD	2 1 TITLE	☐ Change ☐ Addition
NAME	LASSITER, LARRY W	2 2 NAME	
STREET ADDRESS	RT 3, BOX 5515	2 3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-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)(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 W. Lassiter 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — LARRY W. LASSITER — Date — Daytime Phone #

0409136 FP