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95 MAY -1 AM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **697857** (1)  
1. Corporation Name  
**OGLESBY'S MACHINERY, INC.**

Principal Place of Business Mailing Address  
**2702 DRANEFIELD RD  
PO BOX 1915  
LAKELAND FL 33802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1981** 3a. Date of Last Report **07/26/1994**

4. FEI Number **59-2177690** 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 has liability for intangible tax under S 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt # etc 26 State, Apt # etc  
22 City & State 27 City & State  
23 Zip 28 County 29 Zip 30 County

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MILLER, ROBERT T  
100 E LEMON ST  
LAKELAND FL 33801**

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 607.0402 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

Registration Agent's printed name, if registered agent, and the signature of:

Agent (The registered agent's signature is required when the corporation is a corporation)

(DATE)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE NAME STREET ADDRESS CITY ST ZIP  
1. **DP  
OGLESBY, RANDOLPH  
6318 NELMS RD W.  
LAKELAND, FL 00000**

TITLE NAME STREET ADDRESS CITY ST ZIP  
2. **STD  
OGLESBY, REBEKA  
6318 NELMS RD W.  
LAKELAND, FL 00000**

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(b), 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: *Rebecca Oglesby* **REBEKA OGLESBY** 4-26-95 913-647-3267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Typed Name)