FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 825963 (2)

1. Corporation Name

GENERAL EQUIPMENT MANUFACTURERS

Principal Place of Business
102 KIRK STREET
CRYSTAL SPRINGS MS 39059

Mailing Address
102 KIRK STREET
CRYSTAL SPRINGS MS 39059

3. Date Incorporated or Qualified: 03/26/1971
3a. Date of Last Report: 07/11/1995
4. FEI Number: 64-0366456 ☐ 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
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 836
Suite, Apt. #, etc. 27
City & State 28 Crystal Springs, MS
Zip 29 39059 Country 30 USA

9. Name and Address of Current Registered Agent

O'BRIEN, TIM
380 S. NORTH LAKE BLVD.
STE. 1048
ALTAMONTE SPRINGS FL 32701

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 _______ DATE _______

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

Field	12. Officers and Directors	13. Additions/Changes
TITLE	CD ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	PEETS, RANDOLPH D JR.	1.2 NAME
STREET ADDRESS	2207 GREENBRIAR	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSON MS 39211	1.4 CITY-ST-ZIP
TITLE	DP ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	SMITH, VICTOR	2.2 NAME
STREET ADDRESS	3 CRANEBRAKE DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	CRYSTAL SPRINGS MS 39059	2.4 CITY-ST-ZIP
TITLE	DT ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	SORGENFREI, MARK A	3.2 NAME
STREET ADDRESS	1517 KRISTEN DR.	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSON MS 39211	3.4 CITY-ST-ZIP
TITLE	DVP ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	ERRINGTON, WILTON (BO)	4.2 NAME
STREET ADDRESS	2165 GATESVILLE RD.	4.3 STREET ADDRESS
CITY-ST-ZIP	CRYSTAL SPRINGS MS 39059	4.4 CITY-ST-ZIP
TITLE	DVP ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	WOOD, CLAUDE S III	5.2 NAME
STREET ADDRESS	1028 BEALL RD.	5.3 STREET ADDRESS
CITY-ST-ZIP	HAZLEHURST MS 39083	5.4 CITY-ST-ZIP
TITLE	DVP ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	FITZGERALD, BRYAN A	6.2 NAME
STREET ADDRESS	4657 OLD LAKE RD.	6.3 STREET ADDRESS
CITY-ST-ZIP	JACKSON MS 39212	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)(k), 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: Bo Errington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bo Errington

1/7/96 Date — 601-892-2731 Daytime Phone #

CR2E034 (12/95)