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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90008 031 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825963

1. Corporation Name

GENERAL EQUIPMENT MANUFACTURERS

Principal Place of Business

102 KIRK STREET
CRYSTAL SPRINGS MS 39059

Mailing Address

P.O. BOX 836
CRYSTAL SPRINGS MS 39059
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLTENS, JAMES G
808 WAYNE AVENUE
STE. 1048
ALTAMONTE SPRINGS FL 32701

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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE
NAME BRANTLEY, ADRIENNE
STREET ADDRESS 112 CANTERBURY PLACE
CITY-ST-ZIP RIDGELAND MS 39157

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

TITLE DP ☐ DELETE
NAME SMITH, VICTOR
STREET ADDRESS 3 CRANEBRAKE DR.
CITY-ST-ZIP CRYSTAL SPRINGS MS 39059

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

TITLE CD ☐ DELETE
NAME SORGENFRIE, MARK A
STREET ADDRESS 1517 KRISTEN DR.
CITY-ST-ZIP JACKSON MS 39211

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

TITLE D ☐ DELETE
NAME PEETS, RANDOLPH D III
STREET ADDRESS 1486 KRISTEN DRIVE
CITY-ST-ZIP JACKSON MS 39211

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

TITLE VP ☐ DELETE
NAME WOOD, CLAUDE S III
STREET ADDRESS 1028 BEALL RD.
CITY-ST-ZIP HAZLEHURST MS 39083

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

TITLE SVP ☐ DELETE
NAME FITZGERALD, BRYAN A
STREET ADDRESS 4657 OLD LAKE RD.
CITY-ST-ZIP JACKSON MS 39212

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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

Victor L. Smith

1/8/99

601-892-2731

Date

Daytime Phone #

CR2E034 (11/98)