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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 834403 (8)

1. Corporation Name

MATERIAL HANDLING EQUIPMENT ERECTORS, INC.



Principal Place of Business

1900 KINGFISH RD
P.O. BOX 2156
NAPLES FL 33939

Mailing Address

1900 KINGFISH RD
P.O. BOX 2156
NAPLES FL 34106-2156

3. Date Incorporated or Qualified
05/01/1975

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 1900 Kingfish Rd

Suite, Apt. #, etc.

22 P.O. Box 2156

City & State

23 NAPLES, FL

Zip

24 34106

Country

25 Collier

2a. Mailing Address

26 1900 Kingfish Rd

Suite, Apt. #, etc.

27 P.O. Box 2156

City & State

28 NAPLES, FL

Zip

29 34106-2156

Country

30 Collier

4. FEI Number

36-2639482

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

9. Name and Address of Current Registered Agent

HORNE, JUDITH
1900 KINGFISH
NAPLES FL 33939 34102

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HORNE, JAMES
STREET ADDRESS 1900 KINGFISH ROAD
CITY - ST - ZIP NAPLES FL

TITLE ST ☐ DELETE
NAME HORNE, JUDITH
STREET ADDRESS 1900 KINGFISH ROAD
CITY - ST - ZIP NAPLES FL

TITLE D ☐ DELETE
NAME HORNE, JUDITH
STREET ADDRESS 1900 KINGFISH ROAD
CITY - ST - ZIP NAPLES FL

TITLE P ☐ DELETE
NAME DERBY, JAMES, JR.
STREET ADDRESS 28630 WATSON RD
CITY - ST - ZIP ROMOLAND CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 34102

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 34102

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 34102

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP 92585

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 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:

Judith Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

Date

941-774-2199

Daytime Phone #

CR2E034 (9/96)