## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 840424

(6)

FLINT EQUIPMENT CO

Principal Place 7568 WEST TE P.O. BOX 6358 TALLAHASSEE	NNESSEE ST	Mailing Address 7566 WEST TENNESSEE ST P.O. BOX 6358 TALLAHASSEE FL \$2304-9332							
							3. Date Incorporated or Qualified 04/11/1978	3a. Date of La 03/11/19	
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Applied For
21	# Adv	Suite, Apt #, etc.					59-1174709		Not Applicat  5 Additional
Soite, Apr. #, etc.		<del>}</del>	27				5. Certificate of Status Desired		Bequired
City & Stale	)	City & State					6. Election Campaign Financing	<b>\$</b> 5.	00 May Be
23		28				<u></u>	Trust Fund Contribution	☐ Add	led to Fees
Zip	Country 25	21p	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curren		1301	T			10. Name and Address of New Reg		
SLA	DE, HAROLD L, JR			81	Name				
	4 MEEKS ROAD			82	Street	Addre	s (P.O. Box Number is Not Acceptab	le)	
TAL	LAHASSEE FL 32308			83					
				84	City			FL  85	Zip Code
CHANATOR							ation submits this statement for the p h's board of directors. I hereby accep		ng its registered t as registered
	Stocature, typed or per tricinal electric ded ago OFFICERS AN	~	NOTE: Registere		ent signature	required	when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
12.	PD OF ICERS AND	DELETE	1.1 T		***************************************		ADDITIONS/CHANGES TO OFFICE	Char	
NAME	HAWKINS, EUGENE			1 2 NAME		ĺ	1	_	•
STREET ADDRESS	1709-B S. SLAPPEY BLVD.		135	TREET	ADDRESS				
City-St 7iP	ALBANY GA		1.40	ITY-S	T- ZIP				
THLE	ST	☐ DELETE	2.1 T			1	}	Char	nge Addition
NAME	HATHCOCK, BERNIE 4515 GILLIONSVILLE RD.		2.2 N		LODD TOD				
STREET ACORESS CITY-ST ZIP	ALBANY GA				ADDRESS ST-ZIP				ļ
Titlet	VO	DELETE	3.1 T		2) - Ett			☐ Char	nge Addition
NAME	SLADE, HAROLD		3.2 N	IAME					
SISELL ADDRESS	1514 MEEKS ROAD		3.3 S	TREET	ADDRESS	ŀ			
CHY ST-7-P	TALLAHASSEE FL	DELETE	3.4 (		ST-ZIP			☐ Char	nge Addition
THEE NAME		FTT DEFECT	<b>1</b>	NAME		ľ		Cria	ige Xdoitian
STREET ADDRESS					ADDRESS				]
CHY-ST ZIP				ITY-S					ļ
1011		DELETE	51T		·			☐ Chai	nge 🔲 Addition
NAM:			52 N	IAME					
STREET ADILESSS			1		ADDRESS				
C-17 - \$1 - 74"		DELETE			T-ZIP			☐ Cha	nge Addition
TITE NAME		ר"ו מנונונ	6.1 T 6.2 N					Chia	.45
SIDELT ALORESS			1		ADDRESS				

6.4 CITY - ST - ZIP

SIGNATURE:

City-St-zin

14. I do hereby certily 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 armual 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 charged, or on an attachment with an address.

**FILED** 

Apr 02 1997 8:00am

Secretary of State