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Secretary of State

06-09-1999 90018 039 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 840424

1. Corporation Name
FLINT EQUIPMENT CO

Principal Place of Business
7566 WEST TENNESSEE ST
P.O. BOX 6358
TALLAHASSEE FL 32304

Mailing Address
7566 WEST TENNESSEE ST
P.O. BOX 6358
TALLAHASSEE FL 32304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1978

4. FEI Number

58-1174709 58-1174709

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

SLADE, HAROLD L, JR
1514 MEEKS ROAD
TALLAHASSEE FL 32308

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

HAROLD L. SLADE JR. V.P.

(NOTE: Registered Agent Signature required when reinstating)

Harold L. Slade Jr.

5/6/99

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HAWKINS, EUGENE
STREET ADDRESS 1709-B S. SLAPPEY BLVD.
CITY-ST-ZIP ALBANY GA

TITLE ST ☐ DELETE
NAME HATHCOCK, BERNIE
STREET ADDRESS 4515 GILLIONSVILLE RD.
CITY-ST-ZIP ALBANY GA

TITLE VD ☐ DELETE
NAME SLADE, HAROLD
STREET ADDRESS 1514 MEEKS ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE Director ☐ DELETE
NAME Keith Hutchins
STREET ADDRESS 1004 Spring Hill Rd
CITY-ST-ZIP Albany GA 31707

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

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 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 an other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Keith Hutchins 5/6/99

Date

Daytime Phone #

CR2E034 (11/98)