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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854440

WAREHOUSE EQUIPMENT & SUPPLY ALABAMA, INC.

Principal Place of Business Mailing Address					1 300.00 illige diett Billet billet billet billet den deut	B)Bji alāli ālāri a	1611 21211 1881
116 WEST PARI	K DRIVE	PO BOX 19808	1		•		
BIRMINGHAM AL 35211 BIRMINGHAM AL 35219-0808					DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed			
							{
A 5	(During the Control of the Control o	2a. Mailing Address			10/20/1982 4. FEI Number	An	plied For
2. Principal Place of Business 2a. Malling Address					63-0668833	<u> </u>	t Applicable
126 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
3dite, Apit. #, etc.					5. Certifcate of Status Desired	Fee Re	
City & State	City & State	tate		6. Election Campaign Financing	\$5:00	May Be	
23		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip Country		8. This corporation owes the current year Ir	ntangible		
24	25	29 30]		Personal Property Tax.	Yes	No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	i Agent	
			81	Name			
	CORPORATION SYSTEM		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD					MICES (1.0. DOX 10. MOT NOT NOT NOT NOT NOT NOT NOT NOT NOT N		
PLAN	NTATION FL 33324		83				Ĭ
			84	City		85 Zip (Code
			- 1	1 1	<u>F</u>		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was autho	anzea ov	the corporal	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	if changing its pintment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GUESS, HEARAL D		1.2 NAME	1			
STREET ADDRESS	116 WEST PARK DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35211		1.4 CITY-S	T-ZIP			
TITLÉ	STD	☐ DELETE 2.1 T				Change	☐ Addition
NAME			2.2 NAME	1			
STREET ADDRESS	· ·		2.3 STREE	T ADDRESS			1
CITY-ST-ZIP	50 000 000 000 000		2.4 CITY-5	ST-ZIP		12.500	
TITLE			3.1 TITLE			Change	Addition
NAME		}	3.2 NAME	l			}
STREET ADDRESS		ļ	3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			Addition
TITLE		☐ DELETE	4.1 TITLE	}		Change	Addition
NAME	·		4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP ·		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			ľ	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	i1-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	C: Advisusi
NAME			62 NAME	T +D00E00			
STREET ADDRESS				TADORESS			Ì
CITY, ST. 7ID	l		6.4 CITY-S	SI-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!

3-31-99 205-942.1900 Date Daytime Phone #

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90020 041 ***150.00