Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # F04514

1. Corporation Name

Principal Place of Business

PWH EQUIPMENT & SERVICE COMPANY, INC.

8610 CAUSEWAY BLVD. TAMPA FL 33619-6652			8610 CAUSEWAY BLVD. TAMPA FL 33619-6652						DO NOT WR		SPACE	
								J	Date Incorporated or Qualifed			}
· · · · · · · · · · · · · · · · · ·				ha iii a a dalaa a					11/06/1980 FEI Number			pplied For
	lace of Business	S		. Mailing Address								ot Applicable
21			26	26 Suits Apt # ata			<u>.</u>		59-2034141			Additional
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			Required
City & State			27	City & State			-	Election Campaign Financing			May Be	
23			28	¬				l l	Trust Fund Contribution		•	to Fees
Zip Country			20				Country		This corporation owes the cur	rent vear Inta		
24	25	1 -	29		30	•			Personal Property Tax.	, ,	Yes	□No
9. Name and Address of Curre								10.	Name and Address of New	Registered /	Agent	
-						81	Name					
HUD	ison, patric	IA E.				82	Stroot A	Address /B	O Box Number is Not Accept	ahle)		
8610 CAUSEWAY BLVD. TAMPA FL 33619							SueerA	Address (P.O. Box Number is Not Acceptable)		1		
						-	0.1				as Zin	Code
						84	City			FL	85 Zip	Code
office or r	egistered agent m familiar with,	, or both, in the State and accept the obliga	of Flori tions of	ida, Such change was a f, Section 607.0505, Flo	authoriz orida Si	zed by tatutes	the corpor	ration's bo	n submits this statement for the pard of directors. I hereby acce	pt the appoir	itment as i	egistered
	Signature, typed or p	rinted name of registered age					t signature rec	quired when re		DATE	D DIDECT	000 0142
12.		OFFICERS AN	D DIR	ECTORS DELETE		3.		<i>F</i>	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	P	****				TITLE					Change	
NAME	HUDSON, J					2 NAME						
STREET ADDRESS 8610 CAUSEWAY BLVD.							1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL	3519		☐ DELETE		4 CITY-S	T-ZIP				☐ Change	Addition
TITLE	ST	4 7 004 F				1 TITLE					L_ change	
NAME	HUDSON, P				ı	2 NAME						
STREET ADDRESS	T11101 51 00010						ADDRESS					
CITY-ST-ZIP	IAMPA FL	33019		☐ DELETE		4 CITY-S	T-ZIP				☐ Change	Addition
TITLE				LJ DELETE		2 NAME	-					
NAME	1						ADORESS					1
STREET ADDRESS					- 1							
CITY-ST-ZIP					_	4. CITY-S 1 TITLE	1-ZIP					
				☐ DELETE	A -		l l				Change	Addition
TITLE				☐ DELETE	Ŀ						Change	Addition
NAME				☐ DELETE	4.	2 NAME	ADDRESS				Change	Addition
NAME STREET ADDRESS				☐ DELETE	4. 4.:	2 NAME 3 STREE	ADDRESS				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					4. 4.	2 NAME 3 STREE 4 CITY-S					Change	
NAME STREET ADDRESS				☐ DELETE	4. 4. 4. 5.	2 NAME 3 STREE						

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 supplymental 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with a province of the repowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiF

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 81862/2017

Change

Addition

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90092 035 ***150.00

CR2E034 (11/98)