

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F63959

(3)

1. Corporation Name

VANPELT EQUIPMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 12:56

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
509 CHURCH ST
PO BOX 1487
NOKOMIS FL 34274-8487

Mailing Address
509 CHURCH ST
PO BOX 1487
NOKOMIS FL 34274-8487

3. Date Incorporated or Qualified 01/20/1982
3a. Date of Last Report 02/14/1994
4. FEI Number 59-2236785
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

VAN PELT, CHRISTOPHER K
405 MURILLO DR.
NOKOMIS FL 33555

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. This 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 then it applies)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VAN PELT, CHRISTOPHER K
STREET ADDRESS	405 MURILLO DR.
CITY-ST-ZIP	NOKOMIS FL
TITLE	S
NAME	BROOKS, LORNE C.
STREET ADDRESS	6898 HIGDON RD
CITY-ST-ZIP	NORTH PORT FL
TITLE	VD
NAME	VAN PELT, EDWIN E SR
STREET ADDRESS	2506 NORTHWAY DR
CITY-ST-ZIP	VENICE, FL 00000
TITLE	VD
NAME	VAN PELT, JOYCE
STREET ADDRESS	2506 NORTHWAY DR
CITY-ST-ZIP	VENICE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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 addition.

SIGNATURE: *Christopher K. Van Pelt*

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Christopher K. Van Pelt

13 JAN 95

813-484-1188