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Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F63959** **(3)**

1. Corporation Name
VANPELT EQUIPMENT CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1982

2. Principal Place of Business 21: 509 Church St.	2a. Mailing Address 26: 509 Church St.
Suite, Apt. #, etc. 22: P.O. Box 1487	Suite, Apt. #, etc. 27: P.O. Box 1487
City & State 23: Nokomis, FL	City & State 28: Nokomis, FL
Zip 24: 34274 Country 25: Genessee	Zip 29: 34274 Country 30: Genessee

4. FEI Number: 59-2236785 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN PELT, CHRISTOPHER K 405 MURILLO DR. NOKOMIS FL 33555	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, CHRISTOPHER K		1.2 NAME		
STREET ADDRESS	405 MURILLO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, LORNE C.		2.2 NAME		
STREET ADDRESS	6898 HIGDON RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, EDWIN E SR		3.2 NAME		
STREET ADDRESS	2506 NORTHWAY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN PELT, JOYCE		4.2 NAME		
STREET ADDRESS	2506 NORTHWAY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ Christopher K. Van Pelt 1-5-98 484-1198