

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F90546

(5)

1. Corporation Name

LIFT EQUIPMENT SERVICES, INC.

Principal Place of Business

369 BLANDING BLVD
P. O. BOX 1852
ORANGE PARK FL 32073

Mailing Address

369 BLANDING BLVD
P. O. BOX 1852
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1982

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2213950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOFFERSON, MARGARET
2686B SAN FRANCISCO BLVD
ORANGE PARK FL 32065

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 607.0507 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 607.1505, Florida Statutes.

SIGNATURE

Margaret Christofferson

(NOTE: Registered Agent signature required when reappointing)

DATE

9 Mar 95

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHRISTOFFERSON, MARGARET
STREET ADDRESS 2686B SAN FRANCISCO BLVD
CITY-ST-ZIP ORANGE PARK, FL 00000

TITLE VS
NAME CHRISTOFFERSON, MIKE
STREET ADDRESS 2686B SAN FRANCISCO BLVD
CITY-ST-ZIP ORANGE PARK FL

TITLE T
NAME DOBSON, ANDREW
STREET ADDRESS 3898 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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(3)(4), 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: Margaret Christofferson

SIGNATURE AT-TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Mar 95

Date

904-222-1202

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