

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

APPROVED  
AND  
FILED

95 APR 25 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002412 (5)

1. Corporation Name

JAN EQUIPMENT, INC.

Principal Place of Business

8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785

Mailing Address

8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

52-1516573

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 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.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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. 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

Signature of Registered Agent (must be printed and typed)

Signature of Registered Agent (must be printed and typed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
PTD  
BLOCK, MICHAEL D  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
S  
BYRNE, KATHLEEN E  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
S  
Peter S. Graziano  
1304 White Way  
Laurel, Maryland 20707  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TD  
BLOCK, MICHAEL D  
8201 CORPORATE DRIVE, #500  
LANDOVER MD 20785

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
D  
BROYHILL, JOEL T  
4601 NORTH FAIRFAX DRIVE, #710  
ARLINGTON VA 22203

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP  
☐ Change ☐ Addition

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 119.07(9)(b), 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:

*Michael D Block*

MICHAEL D BLOCK

3/14/95

301 731 4080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone