FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F94000003195 (4)

VERMEER SALES & SERVICE, INCORPORATED

FILED Feb 17 1998 8:00am Secretary of State



			•		
Principal Place of Business Mailing Address					JENN ODNI ODIBU MUDU MODO IDREF BRIF TEDI
PO BOX 9429 BIRMINGHAM AL 35220		PO BOX 9429 BIRMINGHAM AL 35220			
					TE IN THIS SPACE
				 Date Incorporated or Qualified 06/17/1994 	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				63-0586977	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7 ip	Country	8. This corporation owes or has p	paid the current/year Intangible
24	25]	29 30	0	Personal Property Tax due Jur	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWARD STEPHEN W 81 Name					
	vard, stephen w				
5120 HOPE STILL RD. B2 Street Addr				Address (P.O. Box Number is Not Accepte	able) C
				Address (P.O. Box Number is Not Accepta	e Road
			63		
			84 City 1		85 Zip Code
rensacola FL 31534					
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, typed or printed name of registered agent and title if applicable (NOTL Registered Agent signature required when re				required when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	
TATLE	UNIADO CHADIES T	☐ DELETE	1.1 TITLE	Chairman of the Box	rd □ Change □ Addition
NAME	HOWARD, CHARLES T 7416 GADSDEN HWY.		1.2 NAME		
STREET ADDRESS	TRUSSVILLE AL 35173		1.3 STREET ADDRESS		
CITY-ST-ZIP	THUSSVILLE AL 331/3	Deter	1.4 CITY - ST - ZIP	Dancel	
TITLE	HOWARD, STEPHEN W	☐ DELETE	2.1 TITLE	President	Change Addition
NAME OTOGET LIBERTOS	5120 HOPE STILL ROAD		22 NAME	of a sala mila	Paul
STREET ADDRESS	PENSACOLA FL 32503	1	2.3 STREET ADDRESS	2500 W. Nive Mile Pensacola, FL 328	
CITY-ST-ZIP TITLE	81	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	rensacola, rc 52	Change Addition
NAME	HOWARD, PATRICIA ANN		3.2 NAME		C Charge C Addition
STREET ADDRESS	7416 GADSDEN HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRUSSVILLE AL 35173		3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ		Vice - President	Change Naddition
NAME				R. Carol Howard	
STREET ADDRESS				7931 Happy Hallow Rox	29
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Trussville, AL 35	173
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		į	5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		į
TITLE		☐ DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		,	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 conjection 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.