SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000003302 (6)**

1. Corporation Name

GENERAL EQUIPMENT & SUPPLY COMPANY, INC.

Principal Place of Business	Mailing Address
2105 PEERLESS ROAD PRAIRIE INDUSTRIAL PARKWAY MULBERRY FL 33860	P.O. BOX 963 MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 57-0817667 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, ROBERT D
1100 OAKBRIDGE PARKWAY
SUITE 179
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4222 Braemar Avenue
83
84 City: Lakeland FL 85 Zip Code: 33813

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 required for 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	PD	11 TITLE	☒ Change ☐ Addition
NAME	HALL, ROBERT D	12 NAME	
STREET ADDRESS	P.O. BOX 6831 N/A	13 STREET ADDRESS	P O Box 17408
CITY ST ZIP	GREENVILLE SC 29606-6831	14 CITY ST ZIP	29606-8408
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	SCOVIL, JOHN B JR	22 NAME	
STREET ADDRESS	P.O. BOX 6831 N/A	23 STREET ADDRESS	P O Box 17408
CITY ST ZIP	GREENVILLE SC 29606-6831	24 CITY ST ZIP	29606-8408
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	TITUS, MARY CAROLYN H	32 NAME	
STREET ADDRESS	P.O. BOX 6831	33 STREET ADDRESS	P O Box 17408
CITY ST ZIP	GREENVILLE SC 29606-6831	34 CITY ST ZIP	29606-8408
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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(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: Mary Carolyn H. Titus 7/11/95 803-243-5452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary Carolyn H. Titus CFO/Treasuer

0150507 FP