FILE NOW: FILING F[illegible] AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000003302 (6)**

1. Corporation Name
GENERAL EQUIPMENT & SUPPLY COMPANY, INC.

Principal Place of Business
2105 PEERLESS ROAD
PRAIRIE INDUSTRIAL PARKWAY
MULBERRY FL 33860

Mailing Address
P.O. BOX 983
MULBERRY FL 33860

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report: **07/21/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 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

8. 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
4222 BRAEMAR AVENUE
SUITE 179
LAKELAND FL 33813

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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HALL, ROBERT D	
STREET ADDRESS	P.O. BOX 17408	
CITY-ST-ZIP	GREENVILLE SC	N/A
TITLE	VD	☐ DELETE
NAME	SCOVIL, JOHN B JR	
STREET ADDRESS	P.O. BOX 17408	
CITY-ST-ZIP	GREENVILLE SC	N/A
TITLE	ST	☐ DELETE
NAME	TITUS, MARY CAROLYN H	
STREET ADDRESS	P.O. BOX 17408	
CITY-ST-ZIP	GREENVILLE SC	N/A
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	700001909967	☐ Change ☐ Addition
6.2 NAME	-07/31/96--01077--009	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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.

(5)7/31/96

SIGNATURE: Robert D. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-3-96 Daytime Phone #: 863-213-5452

Crion Hughes & Co., L.L.P./FIN 56-1123736