

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

FILED

Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90068 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000751

1. Corporation Name

CRUZEN EQUIPMENT COMPANY, INC.

Principal Place of Business

P.O. BOX 9333
MEMPHIS TN 38190-0333

Mailing Address

P.O. BOX 9333
MEMPHIS TN 38190-0333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1995

4. FEI Number

62-0545472

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUZEN, PHILIP W	
STREET ADDRESS	160 W. MALLORY AVE.	
CITY-ST-ZIP	MEMPHIS TN 38109-2297	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COE, WILLIAM M	
STREET ADDRESS	160 W. MALLORY AVE.	
CITY-ST-ZIP	MEMPHIS TN 38109-2297	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BULLARD, EUGENE III	
STREET ADDRESS	160 W. MALLORY AVE.	
CITY-ST-ZIP	MEMPHIS TN 38109-2297	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRYAN, WILLIAM J	
STREET ADDRESS	160 W. MALLORY AVE.	
CITY-ST-ZIP	MEMPHIS TN 38109-2297	
TITLE	ATRE	<input type="checkbox"/> DELETE
NAME	GROYKE RUTH L	
STREET ADDRESS	160 W MALLORY AVE	
CITY-ST-ZIP	MEMPHIS TN 38109-2297	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)