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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F95000001850 (5)**

1. Corporation Name
EQUIPRIME, INC.

Principal Place of Business	Mailing Address
2315 9TH ST. SUITE 4A TUSCALOOSA AL 35403	P.O. BOX 2670 TUSCALOOSA AL 35403-2670

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21 115 OFFICE PARK DRIVE
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 BIRMINGHAM, AL
Zip 24 35223 Country 25 USA

2a. Mailing Address
26 P.O. BOX 530793
Suite, Apt. #, etc.
27
City & State
28 BIRMINGHAM, AL
Zip 29 35253-0793 Country 30 USA

4. FEI Number: 63-1134816 ☐ 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

BROWN, RANDY S
4400 HWY. 20 EAST
SUITE 313
NICEVILLE FL 32578

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 _____ DATE
Signature, typed or 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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KNIPP, WAYNE		1.2 NAME		
STREET ADDRESS	2315 9TH ST.		1.3 STREET ADDRESS	115 OFFICE PARK DRIVE, SUITE 300	
CITY-ST-ZIP	TUSCALOOSA AL 35203		1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	SD	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	WOLBACH, CHARLES G		2.2 NAME		
STREET ADDRESS	2315 9TH ST.		2.3 STREET ADDRESS	115 OFFICE PARK DRIVE, SUITE 300	
CITY-ST-ZIP	TUSCALOOSA AL 35203		2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	D	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	POELLNITZ, ROBERT W JR		3.2 NAME		
STREET ADDRESS	2315 9TH ST.		3.3 STREET ADDRESS	115 OFFICE PARK DRIVE, SUITE 300	
CITY-ST-ZIP	TUSCALOOSA AL 35401		3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, E S		4.2 NAME		
STREET ADDRESS	2315 9TH ST.		4.3 STREET ADDRESS	115 OFFICE PARK DRIVE, SUITE 300	
CITY-ST-ZIP	TUSCALOOSA AL 35401		4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Wayne A. Knipp