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Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90008 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000003090

1. Corporation Name
OVERSTREET EQUIPMENT SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3736 N PALAFOX ST
SUITE C
PENSACOLA FL 32505
US

Mailing Address
3736 N PALAFOX ST
SUITE C
PENSACOLA FL 32505
US

3. Date Incorporated or Qualified
06/26/1995

4. FEI Number
63-1095009

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OVERSTREET, H. KENT
3736 N PALAFOX ST
SUITE C
PENSACOLA FL 32505

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)

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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]* SIGNATURE REQUIRED

6-18-99 850-434-1414

CR2E034 (1/98)