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Apr 28 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 # **F96048** (6)

1. Corporation Name  
**ALPHA EQUIPMENT SALES & RENTAL CO.**

Principal Place of Business  
**524 STOCKTON ST.  
JACKSONVILLE FL 32204**

Mailing Address  
**524 STOCKTON ST.  
JACKSONVILLE FL 32204-2535**



3. Date Incorporated or Qualified **08/19/1982** 3a. Date of Last Report **05/01/1996**

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

4. FEI Number **59-2210651** 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

10. Name and Address of New Registered Agent

**HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE 1 INDEPENDENT DR.  
JACKSONVILLE FL 32202**

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 *Roger W. Painter* **Roger W. Painter Vice President** 4-21-1997  
DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>D GAY, WILLIAM W</b></p> <p>STREET ADDRESS <b>524 STOCKTON ST</b></p> <p>CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b></p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>SD WRIGHT, JOHN D.</b></p> <p>STREET ADDRESS <b>RT. 1, BOX 342</b></p> <p>CITY-ST-ZIP <b>BRYCEVILLE FL</b></p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>PTD BOWLES, CARL</b></p> <p>STREET ADDRESS <b>2804 ST JOHNS BLUFF</b></p> <p>CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b></p>	<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>PVD PAINTER, ROGER W.</b></p> <p>STREET ADDRESS <b>7906 HOLIDAY ROAD SO</b></p> <p>CITY-ST-ZIP <b>JACKSONVILLE FL</b></p>	<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>D HARRIS, CLAUDE E., SR</b></p> <p>STREET ADDRESS <b>6141 BOBBY PADGETT RD</b></p> <p>CITY-ST-ZIP <b>JACKSONVILLE FL</b></p>	<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME <b>D BUIE, CURTIS E JR.</b></p> <p>STREET ADDRESS <b>5720 SULLIVAN LANE,</b></p> <p>CITY-ST-ZIP <b>JACKSONVILLE FL</b></p>	<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>

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: *Roger W. Painter* **Roger W. Painter** 4-21-1997 (904) 388-2696  
DATE DAYTIME PHONE

CR2E034 (9/96)