

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96048

FILED
Mar 12, 2012
Secretary of State

Entity Name: ALPHA EQUIPMENT SALES & RENTAL CO.

Current Principal Place of Business:

524 STOCKTON ST.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

524 STOCKTON ST.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2210651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GAY, WILLIAM W
Address: 524 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL

Title: VP
Name: MARSHALL JR., JAMES B.
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: WHITEMAN, MICHAEL
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: CREWS, JODY
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: SCRIBBINS, MICHAEL
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S
Name: LEE KATHRYN
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL WHITEMAN

VP

03/12/2012

Electronic Signature of Signing Officer or Director

Date