PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90005 045 ***150.00

DOCUMENT # **F97979**

1. Corporation Name

OWEATH	NGEN-LORD EQUIPMENT C	UNIFAINT, ING.								
Principal Place	e of Business	Mailing Address			. ,	. I HADYIĞA KILƏ TOTIL TƏBİM TAKIL ÇAĞIN TƏRK	#1811 618 1		ii) Mimii	818() (89)
2948 HWY 71		SWEARINGEN-LORD EQUIP	CO			<u> </u>				
P.O. BOX 1525 P.O. BOX 1525						DO NOT IMPLIE IN	TUIC C	חארב		
MARIANNA FL 32446 MARIANNA FL 32447						DO NOT WRITE IN THIS SPACE				
	, are said to	US				3. Date Incorporated or Qualifed				ļ
		20 Mailing Address				09/02/1982 4. FEI Number		7-7	Applie	nd For
	ace of Business	2a. Mailing Address				59-2216389				pplicable
21	# +A=	Suito Ant # oto				39-22 10309		\$8.7		
— ' '	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		•	Requi	
City & State						6. Election Campaign Financing		\$5.0		w Re
City & State City & State		\vdash				Trust Fund Contribution			ed to F	*
23 Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye	ear Intar	ngible		
24	25	·	30	•		Personal Property Tax.		☐Yes		No
24	9. Name and Address of Current			<u> </u>		10. Name and Address of New Regist	tered A	gent		
				81	Name					
	ARINGEN, GLENDA F.			82 :	Stroot Addres	ss (P.O. Box Number is Not Acceptable)				
4431	LAFAYETTE STREET	;		02	Olleel Mudie	ss (F.O. Box Nulliber is Not Acceptable)				Į
MAR	IANNA FL 32446			83						
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	~ ,			84	City		FL	85 Z	ip Coo	, e
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was au	ithonzed	i by th	e comoration	ration submits this statement for the purpon's board of directors. I hereby accept the	ose of cl appoint	hanging ment as	its reg regist	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Penistered	A-cot o	ignature required	when consisting)	ATE			
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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. CITY-ST-ZiP

SIGNATURE:

3/26/99

850/526-2185