

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McArthur
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # **G21683** (9)

SQUARE DEAL MACHINERY & SUPPLY CO., INC.

APPROVED
MAY 1995

MAY 9 8:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 1331 W. CENTRAL BLVD, ORLANDO FL 32805-1755
Mailing Office: 1331 W. CENTRAL BLVD, ORLANDO FL 32805-1755

2. Principal Office Telephone: 21
2a. Mailing Address: 26
22. State Agent: 27
23. City, State: 28
24. City, State, Zip: 29, 30

3. Date of Incorporation: 02/04/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 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 authority to accept contributions under Chapter 205, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DEAL, TROY M., JR.
1331 W. CENTRAL BLVD.
ORLANDO FL 32805

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 205.01 and 607.01, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office to a new principal office in the state of Florida. Such change was authorized by the corporation's board of directors, hereby accepting the appointment of registered agent, in compliance with and subject to the provisions of Sections 205.01 and 607.01, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	CP DEAL, TROY M., JR. 1331 W CENTRAL BLVD ORLANDO FL
NAME	STD FOX, STEPHEN M. 1331 W. CENTRAL BLVD. ORLANDO FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(4), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that this corporation shall have the same legal effect as if made under oath. That a copy of this report is filed for all the corporations of the business or the business proposed to come into the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Stephen M. Fox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen M. Fox

4/28/95 407/849-6420