

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90038 013 ***150.00

DOCUMENT # G50626	
1. Entity Name TACO EQUIPMENT AND SALES, INC.	

Principal Place of Business C/O HARVEY L. STRICKLAND 2673 SOUTH BYRON BUTLER PARKWAY PERRY FL 32047 32348	Mailing Address C/O HARVEY L. STRICKLAND 2673 SOUTH BYRON BUTLER PARKWAY PERRY FL 32047 32348
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2312875	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRICKLAND, HARVEY L. 2673 SOUTH BYRON BUTLER PARKWAY PERRY FL 32047 32348
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable.	(NOTE: Registered Agent signature required when reselecting g)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, JAMES M. RT. 5, BOX 93 PERRY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, HARVEY L, JR RT. 4, BOX 22 PERRY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRICKLAND, HARVEY L. RT. 4, BOX 22 PERRY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, MAVIS J. RT. 4, BOX 22 PERRY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeannette Strickland Jeannette Strickland 4-16-08 850 584-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #