

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # H01748 (3)

1. Corporation Name

STERLING EQUIPMENT COMPANY

Principal Place of Business

3801 118TH AVE NORTH
CLEARWATER FL 34622

Mailing Address

P.O. BOX 17249
CLEARWATER FL 34622-0249

3. Date Incorporated or Qualified

05/02/1984

3a. Date of Last Report

05/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1125 49th STREET NO.

26

4. FEI Number

59-2442980

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 CLEARWATER, FL

29

24 Zip

25 Country

29 Zip

30 Country

24 34622

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPOFFORD, GEORGE E. I
C/O STERLING EQUIPMENT CO.
3801 118TH AVE NORTH
CLEARWATER FL 34620

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1125 49th STREET NO.

83

84 City

CLEARWATER

FL

85 Zip Code

34622

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME EBBERS, DOUGLAS J.
STREET ADDRESS 2452 CHANNING CIRCLE
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE

DST

☒ Change

☐ Addition

TITLE DVS ☒ DELETE

NAME EBBERS, LAURA G.
STREET ADDRESS 2452 CHANNING CIRCLE
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

RDEAN AKERS P
1125 49th STREET NORTH
CLEARWATER, FL 34622

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

(813) 572-7787

Daytime Phone #

CR2E034 (12/95)