## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H07645

25

LABORDE, ROBERT LEE

(5)

LABORDE INDUSTRIAL FOUIPMENT, INC.

APPROVED AND FILED

1797 JUL 23 AM 8: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Yes No

EADORDE MODOTRAE EGGII MENTI MO									
Principal Place of Business Mailing Address					T-109101) GINI BENK 10910 BININ BIRBY RYUN BIBNI BIBNI BIBNI BIRNI				
C/O ROBERT LEE LABORDE 208 EAST BELVEDERE *LAKELAND FL 33803			2	C/O ROBERT LEE LABORDE 208 EAST BELVEDERE LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE		
					3.	Date Incorporated or Qualified 06/12/1984		ate of Last Report /02/1996	
2.	Principal Place of Busin	ness	20	. Mailing Addres	5	4.	FEI Number		Applied For
21			26				59-2421356		Not Applicable
22	Sulte, Apt. #, etc.		27	Suite, Apt. #, el	C.	5.	Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		26	City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	Zip	Country		Zip	Country	8.	This corporation owes or has pa	id the cu	rrent year Intangible

LAKELAND FL 33803	82	Street Address (P.O. B
	83	
	84	City

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9. Name and Address of Current Registered Agent

1	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	-07/29/9701105013 ****165.00 ****165.00
84	City FL 85 Zip Code

Personal Property Tax due June 30.

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

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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 DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	LABORDE, ROBERT LEE		1.2 NAME					
STREET ADDRESS	208 EAST BELVEDERE		1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL		1.4 CiTY - ST - ZiP					
TITLE	STD	DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	L <b>ab</b> orde, Linda H.		2.2 NAME					
STREET ADDRESS	208 EAST BELVEDERE		2.3 STREE1 ADDRESS					
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE	Change Addition				
NAME		i	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
Ή¥∟E		DELETE	5.1 TITLE	Change Addition				
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	☐ Changen ☐ Addition				
NAME			6.2 NAME	167° PJ				
STREET ADDRESS			6.3 STREET ADDRESS	Singly				
				· v ·				

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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



## <u>laborde</u>

PH. NO. 813-644-0025 FAX 813-666-2395

## Industrial Equipment, Inc.

208 East Belvedere Lakeland, Florida 33803

July 21,1997

Florida Dept of State Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

Attn: Annual Report Dept

Re: Annual Report Filing

Gentlemen:

Please be advised that we filed our Annual Report for the year of 1997 on Jan 3, 1997. Please refer to copy of check submitted with our filing.

We have completed the form again and are enclosing another check for the \$165.00.

If we may be of further assistance please advise.

Regards,

Robert Lee Laborde