

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H25028

(2)

1. Corporation Name

K & S EQUIPMENT COMPANY, INC.

Principal Place of Business

8621 M.L. KING BLVD. E.
TAMPA FL 33610

Mailing Address

8621 E. BUFFALO AVENUE
TAMPA FL 33610



2. Principal Place of Business

21 9625 ALONZO ROAD

Suite, Apt. #, etc.

22

City & State

23 RIVERVIEW FL

Zip

24 33569

Country

25 USA

2a. Mailing Address

26 P.O. Box 76009

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29

Country

30 USA

3. Date Incorporated or Qualified

10/11/1984

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2450483

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

9. Name and Address of Current Registered Agent

SWOPE, DALE M.
777 S. HARBOUR ISLAND BLVD., STE. 850

TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BARRY KEARNEY
STREET ADDRESS 8621 M L KING BLVD, E
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME KEARNEY, C. W., JR.
STREET ADDRESS 8621 E. BUFFALO AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME KEARNEY, BRIAN
STREET ADDRESS 8621 E. BUFFALO AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME BARRY KEARNEY
1.3 STREET ADDRESS 9625 ALONZO ROAD
1.4 CITY-ST-ZIP RIVERVIEW, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 9625 ALONZO ROAD
2.3 STREET ADDRESS RIVERVIEW, FL
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME BRYAN KEARNEY
3.3 STREET ADDRESS 9625 ALONZO ROAD
3.4 CITY-ST-ZIP RIVERVIEW, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0523501

CR2E034 (9/96)