

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05/25/95

DOCUMENT # H33590

(1)

1. Corporation Name

EQUIPMENT SPECIALISTS, INC.

Principal Place of Business

3100 N.W. 72 AVE.
SUITE 125
MIAMI FL 33122

Mailing Address

3100 N.W. 72 AVE.
SUITE 125
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1984

3a. Date of Last Report
03/07/1994

2. Principal Place of Business

21 310 U.S. Hwy 17-92 West

2a. Mailing Address

26 P.O. Box 929

4. FEI Number
59-2480355

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

23 Haines City, Florida

City & State

28 Haines City, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33844

Country

25 U.S.A.

Zip

29 33844

Country

30 U.S.A.

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GORDON, MICHAEL
310 US HWY 17-92 W
HAINE CITY 33844

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
GORDON, BEVERLY G.
STREET ADDRESS
478 ROVINO AVE
CITY, ST, ZIP
CORAL GABLES FL

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

P

GORDON, BEVERLY G.
9114 Great Heron Cir.
Orlando, Florida 32819

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ 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 110.07(3)(a), 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 as an attachment with an address.

SIGNATURE: *Beverly G. Gordon* Beverly G. Gordon

05/25/95 (813)421-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area