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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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**DOCUMENT # H43505** 

HENRY WALKER EQUIPMENT SERVICE, INC.

Mailing Address Principal Place of Business 7310 HAWKINS ROAD 7310 HAWKINS ROAD SARASOTA FL 34241 SARASOTA FL 34241

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90141 020 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5: Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/11/1985

59-2494865

4. FEI Number

NAME WALKER, SHAREN M.  STREET ADDRESS 7310 HAWKINS ROAD SARASOTA FL  TITLE DP DELETE DP DELETE DP DELETE D	Zip	Country	Zip	Country	8. This corpo	oration owes the current year		
WEBB, CHARLES W. 2172 HILLVIEW STREET SARASOTA FL  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 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and some of registered agent, and site if appointment as registered agent and	24	25	29	30		<u> </u>		⊔No
WEBB, CHARLES W. 2172 HILLVIEW STREET SARASOTA FL  82 Street Address (P.O. Box Number is Not Acceptable)  83   B4 City		9. Name and Address of Current	Registered Agent			d Address of New Registers	ed Agent	
2172 HILLVIEW STREET SARASOTA FL  83  84	WEBB, CHARLES W.					umber is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registere 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 registere agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    Signature, typed or philod name of registered agent and title if applicable   (NOTE: Registered Agent algorithment resulted when reinstating)   DATE	2172 HILLVIEW STREET			ا الما	accerradicas (i .o. acr		•	
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 register 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 registere agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typod or printed name of registered agent and little if applicable.	SARASOTA FL			83				
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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Typod or printed name of regulatered agent and lide if applicable   (NOTE: Registered Agent signature required when remission)   DATE							log Zin	Codo
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of, Section 807.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and little if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE				84 0	ity	· F	<b>-L</b>   85   2   9	Code
Signature, typed or printed name of registered agent and lifle if applicable.   (NOTE: Repistared Agent alignature rectained when reinstalling)	office or n	egistered agent, or both, in the State of	t Florida. Such change was	autnonzed by the	med corporation submits to corporation's board of dire	his statement for the purpose ctors. I hereby accept the ap-	of changing its pointment as re	registered gistered
12. OFFICERS AND DIRECTORS IN  TITLE DST DELETE 1.1 TITLE  NAME WALKER, SHAREN M.  STREET ADDRESS CITY-ST-ZIP  TITLE DP DELETE 2.1 TITLE  SARASOTA FL 1.1 TITLE  WALKER, HENRY C.  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  DELETE  1.1 TITLE  1.2 NAME  3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE  NAME  DELETE  4.1 TITLE  NAME  DELETE  4.1 TITLE  NAME	SIGNATURE	Standium hand or crinted game of receivered green	and title if applicable. INC	TE: Registered Agent sign	nature required when reinstating)	DATE		<del></del>
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64 CITY- ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	CITY-ST-ZIP					VS) Flacial Obstate ( 5.44	n_+if_, tht 4h -	information

Country

fluctuated on this armula report or supplemental armular report is not and accurate and that my signature shall have the same legal effect as it made dide during that it armular report is not entering the corporation of 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, with all other like empowered.

SIGNATURE:

(941) 922-2136

CR2E034 (11/98)