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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H47626** (7)  
1. Corporation Name  
**NEELCO EQUIPMENT COUNTRY, INC.**

Principal Place of Business <b>400 BARTON BLVD. ROCKLEDGE FL 32955</b>	Mailing Address <b>400 BARTON BLVD. ROCKLEDGE FL 32955-2710</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/18/1985</b>		3a. Date of Last Report <b>03/12/1996</b>	
4. FET Number <b>59-2530142</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>CHAFFIOT, VICTOR A. 400 BARTON BLVD. ROCKLEDGE FL 32955</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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	ST	NAME	CHAFFIOT, ROBERT R.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	1802 S.FISKE BLVD., #101			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	ROCKLEDGE FL			2.1 TITLE		2.2 NAME	
TITLE	PD	NAME	CHAFFIOT, VICTOR A.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	400 BARTON BLVD.			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	ROCKLEDGE FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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 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 applicable, or on an addition with an address.

SIGNATURE:  4/16/97 467-639-1400

CR2E034 (9/96)