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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H54104  1. Corporation Name  CONTRACTORS EQUIPMENT OF PENSACOLA, INC.										
Principal Place	of Business	Mailing Address				1 1001011 0104 01111 01011 11011 00111 0101 01011 01011				
4141 PINE FOREST ROAD CANTONMENT FL 32533  4141 PINE FOREST ROAD CANTONMENT FL 32533						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 04/26/1985				
2. Principal Place of Business 2a. Mailing Address 21			S	4. FEI Number 63-0988869						
Suite, Apt. #,	, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution				
Zip	Country 25	Zip 29	30	Country		8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Registered Agent				
BEARD, JOYCE 10366 MERCER LANE PENSACOLA FL 32514				81 82 83	Name Street A	dress (P.O. Box Number is Not Acceptable)				
				84	City	, FL 85				
office or red	the provisions of Sections 607. gistered agent, or both, in the St familiar with, and accept the ob	ate of Florida. Such change	was author	ized DV	the corpo	corporation submits this statement for the purpose of changi ration's board of directors. I hereby accept the appointment				
SIGNATURE _			0.07			ruired when reinstation) DATE				
12. s	ignature, typed or printed name of registered	AND DIRECTORS		13.	t signature re-	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIR				
1 ' -	DPT	DEL		I.1 TITLE						
	BEARD, JOYCE	<u> </u>		1.2 NAME	]	<del>-</del>				
	10366 MERCER LANE				ADDRESS					
STREET ADDRESS 10300 MENCEN LAINE					ADDRESS					

**FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90040 001 \*\*\*150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

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 submixed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was submixed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE    12.		8			City		<del></del> -	FL 85 Zip Code				
Signature, Speed or printed name of regulared agent and title if applicable   NOTE   Signature experimed when relatable()   OATE   OA	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											
TYLE  DPT DELETE   DELETE   Change   Addition    SEARD, JOYCE   13.66 MERCER LANE   13.5TREET ADDRESS    TITLE   DELETE   14.CITY-ST-ZP    TITLE   DELETE   21.TITLE   Change   Addition    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   31.TITLE   Change   Addition    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   31.TITLE   Change   Addition    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   31.TITLE   Change   Addition    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   A1.TITLE   Change   Addition    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZP    TITLE   DELETE   STREET ADDRESS    STREET ADDRESS    STREET ADDRESS   STREET ADDRESS    STREET ADDRESS	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
SEARD, JOYCE   12 NAME   13 STREET ADDRESS   10366 MERCER LANE   13 STREET ADDRESS   14 CITY-ST-ZIP					13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
13 STREET ADDRESS	TITLE	DPT	☐ DELETE 1	.1 TITLE					☐ Cha	inge	☐ Addition	
13 STREET ADDRESS	NAME	BEARD, JOYCE	1	.2 NAME								
CITY-ST-ZIP   PENSACOLA FL	STREET ADORESS	10366 MERCER LANE	1	3 STREET	ADDRESS							
TITLE NAME BEARD, JOYCE 10366 MERCER LANE PENSACOLA FL  DELETE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		PENSACOLA FL	1	.4 CITY-ST	r-ZIP							
10366 MERCER LANE		S	☐ DELETE 2	.1 TITLE					Cha	inge	Addition	
CITY-ST-ZIP	NAME	BEARD, JOYCE	2	2 NAME	ł							
DELETE   D	STREET ADDRESS	10366 MERCER LANE	2	3 STREET	ADDRESS							
TITLE	CITY-ST-ZIP	PENSACOLA FL	2	. 4 CITY-S	T-ZIP	<u> </u>						
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP			☐ DELETE 3	.1 TITLE					☐ Cha	inge	Addition	
3.A. CITY-ST-ZIP	NAME		3	.2 NAME								
DELETE	STREET ADORESS		3	.3 STREET	ADDRESS							
NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS	CITY-ST-ZIP		3	.4. CITY-S	T-ZIP							
### ### ##############################	TITLE		☐ DELETE 4	.1 TITLE					Cha	ange	☐ Addition	
Addition	NAME		4	2 NAME	ļ							
DELETE   DELETE   5.1 TITLE   Change   Addition	STREET ADDRESS		4	.3 STREET	ADORESS							
NAME	CITY-ST-ZIP			4 CITY-S	r-ZIP		<del></del>					
STREET ADDRESS	TITLE		☐ DELETE 5	i.1 TITLE	Ì				☐ Cha	ange	Addition	
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  CANAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY ST-ZIP  6.4 CITY ST-ZIP	NAME		5	.2 NAME								
TITLE G.1 TITLE G.2 NAME  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY ST. 7/P	STREET ADDRESS		5	3 STREET	ADDRESS							
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST. 7/P	CITY-ST-ZIP			.4 CITY-S	Γ-ZIP							
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7/P	TITLE		☐ D€LETE 6	I TITLE					Cha	ange	Addition	
STREET NUMESS	NAME		€ 6	2 NAME	}							
64 CITY-ST-7IP	STREET ADDRESS		6	.3 STREET	ADDRESS							
CITY-ST-ZIP CITY-ST-ZIP And the information pureling pureling does not qualify for the exampling stated in Section 119 07/3V(i) Florida Statutes I further certify that the information	CITY-ST-ZIP							45	16 . 4h 4	Alba ma Tara de	tian	

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 informati 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, with all other like empowered.

SIGNATURE: