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

CITY-ST-ZIP

FILED May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # J25529 (5) LANE EQUIPMENT, INC. Principal Place of Business Mailing Address 3810 FIRESTONE RD 3810 FIRESTONE RD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1986 2. Principal Place of Business 2a, Mailing Address Applied For 4. FEI Number 3880 Firestone Rd. Sulte, Apt. #, etc. 3880 Firestone Rd Suite, Apt. #, etc. 59-2702885 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State Jacksonville, FL City & State Jacksonville, FL \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 32210 8. This corporation owes or has paid the current year Intangible USA 32210 USA Yes Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent C. Holt Smith, III 81 Name LANE, GARY W. 3810 PIRESTONE RD. Street Address (P.O. Box Number is Not Acceptable)
One Independent Dr. Ste. 82 JACKSONVILLE FL 32210 83 84 City Zip Code 32210 Jacksonville, 11. Pursuant to the provisions of 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agent. I am familiar with, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607.0505, Florida Statutes SIGNATURE (NCTE: Hog stored Agent signature required when rainstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 TITLE Change TITLE LANE, BOBBY L. NAME 12 NAME 1474 ARENA RD STREET ADDRESS 1.3 STREET ADDRESS **Ö**RANGE PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LANE, GARY W. 2.2 NAME NAME **3030 LAKESHORE BLVD** STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 60°, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.