

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J34940 (3)

1. Corporation Name

LIBERTY EQUIPMENT COMPANY INC.



Principal Place of Business

% PHILIP E. RAFTER
7812 WHITE ASH STREET
ORLANDO FL 32819
US

Mailing Address

% PHILIP E. RAFTER
P. O. BOX 1553
WINDERMERE FL 34786
US

3. Date Incorporated or Qualified

09/25/1986

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RAFTER, PHILIP E.
7812 WHITE ASH STREET
ORLANDO FL 32819

4. FEI Number

59-2723082

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

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 in block of registered agent and date of signature

Date of Registered Agent Signature (must be after filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D RAFTER, PHILIP E.
STREET ADDRESS
7812 WHITE ASH STREET
CITY - ST - ZIP
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD RAFTER, LORRAINE A.
STREET ADDRESS
7812 WHITE ASH STREET
CITY - ST - ZIP
ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Philip E. Rafter Philip E. RAFTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 407-345-8100

Date

Daytime Phone #

CR2E034 (12/95)