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 # **J45302** **(3)**

1. Corporation Name
FLORIDA EQUIPMENT SALES, INC.

Principal Place of Business
3626 PHOENIX AVENUE
C/O WILLIAM R. GILES P.O. BOX 3871
JACKSONVILLE FL 32206

Mailing Address
3626 PHOENIX AVENUE
C/O WILLIAM R. GILES P.O. BOX 3871
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified **12/01/1986**
3a. Date of Last Report **04/12/1995**

2. Principal Place of Business (21) Street Address, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Street Address, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number **59-2742545** ☐ 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

9. Name and Address of Current Registered Agent

GILES, WILLIAM R.
3626 PHOENIX AVE.
JACKSONVILLE FL 32206

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 607.0505 and 617.1505, 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: (NOTE: Registered Agent's signature required for each change) DATE

12. OFFICERS AND DIRECTORS

DPT ☐ DELETE
GILES, WILLIAM R.
3626 PHOENIX AVE
JACKSONVILLE FL

VD ☐ DELETE
SCOTT, LAMAR W.
3626 PHOENIX AVE.
JACKSONVILLE FL

VD ☐ DELETE
MARKS, CHARLES J.
3626 PHOENIX AVE.
JACKSONVILLE FL

SD ☐ DELETE
GALLOWAY, AVONELLE C.
3626 PHOENIX AVE.
JACKSONVILLE FL

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (12/95)

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: W R Giles 1/18/96 904-354-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #