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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J45302

1. Corporation Name

FLORIDA EQUIPMENT SALES, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90074 032 \*\*\*150.00



								DI) BIBIL BIBIL BIB. Cii bibil Bibil Bib	
Principal Place of Business Mailing Address						<del></del>	I LASILIS BLIT BLIBS BY BY BE STUTE BATTO WAT BY	ALI ATASI DIRKI ATAI	}
C/O WILLIAM R. GILES P.O. BOX 3871 C/O WILLIAM			DENIX AVENUE LIAM R. GILES P.O. BOX 3871 WILLE FL 32206				DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed		
							12/01/1986		
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number Applied For		Applied For
1		26	<del> </del>				59-2742545		Not Applicable
Suite, Apt.	#, etc.	<b>⊢</b> ¬	Suite, Apt. #, etc.				5. Certifcate of Status Desired	• •	Additional Required
2 City 9 Ctm			Ciby & State				<del></del>		
City & Stat		28	City & State				6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year		
4	25	29		30	•		Personal Property Tax.	Yes	□No
<del></del>	9. Name and Address of Cur		Agent	<u> </u>			10. Name and Address of New Registe	red Agent	
					81	Name			
GILES, WILLIAM R.						Stroot Add	Address (P.O. Box Number is Not Acceptable)		
3626	B PHOENIX AVE.					Street Add	iress (F.O. Box Number is Not Acceptable)		
1					83				
JACI	KSONVILLE FL 32206				84	City		<b>85</b> Zi	p Code
					(				
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Su	ch change was:	authorized	i by	the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing ppointment as	its registered registered
SIGNATURE									
	Signature, typed or printed name of registered		_ <del></del>		Agen	t signature requir	ed when reinstating) DATI		
12.	<del>,</del>	AND DIRECTOR		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	
TITLE	DPT		☐ DELETE	1.1 71		ĺ	•	∐ Criang	
NAME	GILES, WILLIAM R.			1.2 NJ		·			1
STREET ADDRESS	3626 PHOENIX AVE			- 1		ADDRESS			}
CITY-ST-ZIP	JACKSONVILLE FL		DELETE		TY-81	r-ZIP		Chang	e Addition
TITLE	VD		☐ DELETE	2.1 11		}			
NAME	SCOTT, LAMAR W.			. 2.2 N/					ļ
STREET ADDRESS	3626 PHOENIX AVE.					ADDRESS			
CITY-ST-ZIP_	JACKSONVILLE FL		DELETE		ITY-S	T-ZIP	<del></del>	☐ Chang	e Addition
TITLE	VD		- Dereie	3.1 TI		-			
NAME	MARKS, CHARLES J.			3.2 N					
STREET ADDRESS	3626 PHOENIX AVE.					ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		☐ DELETE	3.4. C	ITY-S	1-ZIP		☐ Chang	le Addition
TITLE	_ <del></del>		OCCC12	ı				(,,,9	
NAME	GALLOWAY, AVONELLE C.			4.2N		**********			1
STREET ADDRESS						ADDRESS			{
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	4.4 CI 5.1 TI	TY-51	1-414		☐ Chang	e Addition
TITLE				5.1 II				_ 0.ming	
NAME						ADDRESS			]
STREET ADDRESS					TY-SI	1			
CITY-ST-ZIP			DELETE	6.1 TI		. ~41		Chang	je Addition
TITLE				6.2 N/		{		1	
NAME						ADDRESS			1
STREET ADDRESS					TV- 91				}

14. 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 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, with all other like empowered.

SIGNATURE:

MULLIAM MATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 904.354.6189