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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # J51031

1. Corporation Name
PILE EQUIPMENT, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90092 030 ***150.00



					
Principal Place	of Business	Mailing Address			
1058 ROLAND AVENUE GREEN COVE SPRINGS FL 32043-8361		1058 ROLAND AVENUE GREEN COVE SPRINGS FL 32043-8361			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					01/08/1987
O Deire ein al Di	ace of Business	2a. Mailing Address			4. FEI Number Applied For
<u> </u>	ace of business				59-2766568 Not Applicable
21	4 -4-	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
	¬,				Trust Fund Contribution Added to Fees
23 Zip	Zip Country Zip			itry	8. This corporation owes the current year Intangible
	25	29 30	_	,	Personal Property Tax.
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
	S. Italia dia riddios of object			81 Name	9
ELLIC	OTT, J. MICHAEL	•	L		LIOTT, J. MICHAEL
	ROLAND AVENUE		\ \frac{1}{2}	82 Street	t Address (P.O. Box Number is Not Acceptable) RIVER PLANTATION DR. 5
GREEN COVE SPRINGS FL 32043				83	5 MICK PARTITION PICE
				84 City	AUGUSTINE, FL 85 32092
and a second sec					
11. Pursuant to the provisions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose of changing a specific or registered agent. I am familiar with, and accept the proposed of the purpose of the purpose of changing a specific or					
agent. I am familiar wan, and access his objection of, Section 607.0505, Prioritida Statistics.					
SIGNATURE Signature typed or printed name of registered agent and threat applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPD	☐ DELETE	1,1 1111	Ę	⊠ Change
NAME	ELLIOTT, JOHN MICHAEL		1.2 NAME		ELLIOTT, JOHN MICHAEL
STREET ADORESS	1058 ROLAND AVENUE		1.3 STREET ADDRE		ELLIOTT, JOHN MICHAEL s 208 RIVER PLANTATION DR.S
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP		ST. AUGUSTINE, FL 32092
TITLE	VTSD	☐ DELETE	2.1 TITLE		₩ Change
NAME	RUTLAND, MARK ALAN		2.2 NAME		RUTLAND, MARK ALAN
STREET ADDRESS	1058 ROLAND AVENUE		2.3 STREET ADDRESS		Lineary Olympian I Allend DO
	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP		JACKSONVILLE, FL 37256
CITY-ST-ZIP		□ DELETE	3.1 TITLE		Change Addition
TITLE	D Benjamin, Julien P.		3.2 NA		
NAME				REET ADDRESS	s
STREET ADORESS	2816 SPANISH COVE TRL.		3.4 CITY-ST-ZIP		*
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	4.1 TITLE		Change Addition
TITLE	D DOCTRODOUGH DOUGHAS D		1		
NAME	ROSEBOROUGH, DOUGLAS D.		4.2 NA		
STREET ADDRESS	1 1010 1-10 11-1		4.3 STREET ADDRESS		3
CfTY-ST-ZIP	JACKSONVILLE FL	□ pci ctc		Y-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Contained Contained
NAME					
STREET ADDRESS				REET ADDRESS	٦
CITY+ST-ZIP		<u> </u>		Y-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TIT		☐ Change ☐ Addition
NAME			6.2 NA		
STREET ADDRESS			6.3 ST	REET ADDRESS	8
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	

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, withvall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ON CEALOR DIRECTOR

48/99

904-284-1779

Daytime Phone #