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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 PM 1:53

DOCUMENT # **J95948** (2)

1. Corporation Name  
**EAST ALDEN EQUIPMENT, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 11909 S ORANGE BLOSSOM TRAIL, ORLANDO FL 32837-9252  
Mailing Address: 11909 S ORANGE BLOSSOM TRAIL, ORLANDO FL 32837-9252

3. Date Incorporated or Qualified <b>10/02/1987</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2848266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>CLARKSON, RICHARD 5882 MARLBERRY DR ORLANDO FL 32819</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, RICHARD	1.2 NAME	
STREET ADDRESS	5882 MARLBERRY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, RICHARD	2.2 NAME	
STREET ADDRESS	5882 MARLBERRY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, A.	3.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD.	3.3 STREET ADDRESS	14312 Tambourine Dr.
CITY - ST - ZIP	KISSIMEE FL	3.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, B.	4.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD.	4.3 STREET ADDRESS	14312 Tambourine Dr.
CITY - ST - ZIP	KISSIMEE FL	4.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, B	5.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD	5.3 STREET ADDRESS	14312 Tambourine Dr.
CITY - ST - ZIP	KISSIMEE FL	5.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, BOHANNON	6.2 NAME	
STREET ADDRESS	225 TROPICAL TR APT. 909	6.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	6.4 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: Barbara E. Jones 1-17-95 407-453-2346  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
Barbara E. Jones / Secretary