

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J95948** (2)
1. Corporation Name
EAST ALDEN EQUIPMENT, INC.

Principal Place of Business
**11809 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-9252**

Mailing Address
**11809 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-9252**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1987	3a. Date of Last Report 03/28/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-2848266	Applied for Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLARKSON, RICHARD 5882 MARLBERRY DR ORLANDO FL 32819		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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ Addition
NAME	JONES, A.	3.2 NAME	
STREET ADDRESS	14312 TAMBOURINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, B.	4.2 NAME	
STREET ADDRESS	14312 TAMBOURINE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, B	5.2 NAME	
STREET ADDRESS	1801 GRANADA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	CHUCKETT, BOHANNON	6.2 NAME	
STREET ADDRESS	228 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 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 any attachment with an address.

SIGNATURE: *R.L. Clarkson* *R.L. Clarkson* 4-10-97 407.851.360

CR2E034 (9/96)