

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K36198

(5)

1. Corporation Name

CENTRAL FLORIDA FORKLIFT, INC.

Principal Place of Business

P. BRUCE FINLEY
1280 INDUSTRIAL PARK RD.
MULBERRY FL 33860

Mailing Address

P. BRUCE FINLEY
1280 INDUSTRIAL PARK RD.
MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2909119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINLEY, P. BRUCE
1280 INDUSTRIAL PARK RD.
MULBERRY FL 33860

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 607.0502 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
NAME FINLEY, P. BRUCE
STREET ADDRESS 1280 INDUSTRIAL PARK RD
CITY- ST- ZIP MULBERRY FL

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE VD
NAME FINLEY, LINDA
STREET ADDRESS 1280 INDUSTRIAL PARK RD
CITY- ST- ZIP MULBERRY FL

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE S
NAME HOFFMAN, JOHN L
STREET ADDRESS 1280 INDUSTRIAL PARK RD
CITY- ST- ZIP MULBERRY FL

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE T
NAME JIMENEZ, GUSTAVO
STREET ADDRESS 1280 INDUSTRIAL PARK RD
CITY- ST- ZIP MULBERRY FL

4. 1 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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:

P. Bruce Finley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Bruce Finley
DATE

4/20/95
OFFICE PHONE #