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

Mar 17 1997 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # K55728 (5)UNITED EQUIPMENT, INC. Principal Place of Business Maiting Address 6425 HWY 80 15051 ORANGE RIVER RD **ALVA FL 33920** FT MYERS FL 33905-7650 3a. Date of Last Report 3. Date Incorporated or Qualified 12/28/1988 04/19/1996 2. Principal Place of Business 28. Mailing Address 4. FE1 Number Applied For 65-0097728 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes Ycs No 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BANCROFT, ROBERT M. 15051 ORANGE RIVER RD. 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33905 83 84 City 85 FL 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, types or printed not a lot registered agent and the diapplicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition TITLE 1.1.1018 BANCROFT, ROBERT M. NAME 1.2 NAMI STREET ADDRESS 15051 ORANGE RIVER RD 1.3 STREET ADDRESS FT MYERS FL City-ST-ZIP 1.4 C/TY - ST - 7/P DELETE TITLE Change ☐ Addition 2.1 THUE NAME 2.2 NAME STREET ADDRESS 2.3 STRUET ADDRESS CITY-ST-ZIP 2 4 CHY - S1 - 74P DELETE Change Addition TITLE 3.1 1016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - 7IP DELETE TITLE Change Addition 4.1 THUE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 719 DELETE TITLE Change Addition 5131016 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP

FILED

Change

Addition

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 eath; that I am an officer or director of the opportion or the occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block in a national part of the occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block in the opposition of the occiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE: 6 941-675-2120

6.3 STREET ADDRESS

6.4 CHY-\$1-70

6.1 TITLE

6.2 NAM3

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP