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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L11930** **(9)**

1. Corporation Name

SABO EQUIPMENT SALES, INC.

Principal Place of Business	Mailing Address
24300 TAMIAMI TRAIL BONITA SPRINGS FL 33923 US	PO BOX 1227 BONITA SPRINGS FL 33959 US

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **09/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 1850 BOUSCOUT DR. #105	26 1850 BOYSCOUT DR., #105
Suite, Apt. #, etc. 22 #105	Suite, Apt. #, etc. 27 #105
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / Country 24 33907 / 25 USA	Zip / Country 29 33907 / 30 USA

4. FEI Number: **65-0168944** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDROP, ROBERT A.
14541 HICKORY HILL COURT
UNIT #212
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

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: **ROBERT A. WALDROP, PRESIDENT** (NOTE: Registered Agent's signature required for each change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALDROP, ROBERT A.		1.2 NAME		
STREET ADDRESS	14541 HICKORY HILL COURT, UNIT #212		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added or I am attaching it with an address.

SIGNATURE: X _____ ROBERT A. WALDROP, PRESIDENT 1/19/96 (941)277-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #