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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L19891 (5)

1. Corporation Name
J.T. EQUIPMENT SERVICE CO.

Principal Place of Business	Mailing Address
% JAMES THURMOND	% JAMES THURMOND
14358 SW 142 AVE	14358 SW 142 AVE
MIAMI FL 33186	MIAMI FL 33186-6752

3. Date Incorporated or Qualified **09/28/1989**	3a. Date of Last Report **01/24/1996**	

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

4. FEI Number ? **36-9542138** 65-0157778   — 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

THURMOND, JAMES
14358 SW 142 AVE.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) *14358 SW 142 Ave.*
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** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **THURMOND, JAMES**		1.2 NAME	
STREET ADDRESS **14358 SW 142 AVE.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33186**		1.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **CONDIS, MARIO**		2.2 NAME	
STREET ADDRESS **5955 SW 5TH ST.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **THOMASON, JOHN E**		3.2 NAME	
STREET ADDRESS **2460 56TH ST. #10**		3.3 STREET ADDRESS	
CITY-ST-ZIP **HIALEAH FL**		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 (9/96)

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 an attachment with an address.

SIGNATURE *James R. Thurmond*   James R. Thurmond