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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49639

(2)

EQUIPMENT MAINTENANCE & REPAIR, INC.

FILED Apr 21 1997 8:00am Secretary of State

- Principal Ha	ace of Business	Mailing Address			
4280 N HWY 19 6269 W. KAMPALA LANE		6269 W KAMPALA LIN 6269 W: KAMPALA LANE		·	
	VER FL 34428	DUNNELLON FL 34423-451 US	1	Date Incorporated or Qualified     02/08/1990	3a. Date of Last Report 04/25/1996
2. Principal	Place of Business	2a. Mailing Address	11 10	4. FEI Number	Applied For
21			Hwy 19	59-299 1883	Not Applicable
Suite, Ap <b>22</b>	t #, etc	27 Crystal Riv	er. FL.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	7	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>I</sub> D_	Country	8. This corporation has liability for in	
24	25		30 CITrus		Yes No
	g. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	RBY, ROBERT J.		81 Name		
	69 W. KAMPALA LANE JNNELLON FL 34433		82 Street Address (P.O. Box Number is Not Acce		e)
DC	JUNETION LE 24422		83		
			84 City		85 Zip Code
			J,		FL S 215 Code
SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signature by each provides and registered		Registered Agent signature requ	ulred when reinstating)	DATE
_	Signature, try notice proved had a of respectioned	Lagent and title Papplicable (NOTE		uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
SIGNATURE  12. THE	Signature trained in providings of registration OFFICERS.	Jagent and tille ∜applicable (NOTE	13.		ERS AND DIRECTORS IN 12
SIGNATURE  12. THE NAME	OFFICERS.  D  KIRBY, ROBERT J.	Lagent and title Papplicable (NOTE	13. 1.1 YITLE 1.2 NAME		ERS AND DIRECTORS IN 12
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If do ne'eny certify that the information supplied with this litting does not desirely for the exemption stated in Section 119.07(5)(f), Florida Statutes. Further event information indicated on this annual report is supplied 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 exampled, or on an attachment with an address.

SIGNATURES

SIGNATURE AND TYPED OR STINYED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97 352-563-2711 Date Daytime Proce #