05-01-1999 90068 013 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L49639**

1, Corporation Name

**EQUIPMENT MAINTENANCE & REPAIR, INC.** 

Principal Place of Business		Mailing Address			
4280 N HWY 19	•	4280 N HWY 19			•
6269 W. KAMPALA LANE		CRYSTAL RIVER FL 34428			DO NOT WRITE IN THIS SPACE
CRYSTAL RIVER FL 34428		US			3. Date Incorporated or Qualifed
US					02/08/1990
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
	add of Business	26			<b>59-2991883</b> Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			- \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing 5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Coun	try	8. This corporation owes the current year Intangible
24	25	29 30	]		Personal Property Tax.
	9. Name and Address of Current		ŤΤ		10. Name and Address of New Registered Agent
				31 Name	
	y, robert j.		82 Street Add		address (P.O. Box Number is Not Acceptable)
6269	W. KAMPALA LANE	82 Street Add		Street At	ddress (P.O. Box Nulliber is Not Acceptable)
DUN	NELLON FL 34433		Į.	33	
	*		L		Apr   75 Code
	`			B4 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the abo	ove-named co	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	' Florida. Such change was auth	onzed :	by the corpor	ration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligation	ons or, Section 607.0505, Fiorida	Statut	es.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	aistered A	gent signature reg	guired when reinstating) DATE
12.	OFFICERS AND		13.	<b>.</b>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E ,	Vice President Change Addition
NAME	KIRBY, ROBERT J.		1.2 NAM	E (	Ronald Joseph Kirby Change RAddition Roman Romald Joseph Kirby Change RADDITION Roman Romald Joseph Kirby Change RADDITION Roman Romald Joseph Kirby Romald Romald Joseph Kirby Romald Roman Romald Roman Romald Roman R
STREET ADDRESS	6269 W. KAMPALA LANE		13 STR	EET ADDRESS	5161 N. Teak Way
CITY-ST-ZIP	DUNNELLON FL			-ST-ZIP	Beverly Hills. FL. 34465
TITLE	D	☐ DELETE	2.1 TITL		☐ Change ☐ Addition
NAME	KIRBY, MARY	. –	2.2 NAW	(F	. •
	6269 W. KAMPALA LANE			EET ADDRESS	
STREET ADORESS	DUNNELLON FL			Y-ST-ZIP	
CITY-ST-ZIP	DONNELLON FL	☐ DELETE	3.1 TITL	1	Change Addition
TITLE	r e .		3.2 NAM		
NAME				EET ADDRESS	
STREET ADDRESS			4.4	Y-ST-ZIP	•
CITY-ST-ZIP TITLE		□ DELETE	4.1 TITL		☐ Change ☐ Addition
			4.1 IIIL		tual
NAME				_	
STREET ADDRESS				EET ADORESS	,
CITY-ST-ZIP	<del></del>	☐ NEI ETE	5.1 TITL	/-\$T-ZIP	Change Addition
TITLE		☐ DELETE	5.1 IIIL	t t	. Overlight Calvernoria
NAME			ŀ	EET ADDRESS	
STREET ADDRESS				-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITE		☐ Change ☐ Addition
TITLE '	•	☐ SELEIE			
NAME			6.2 NAN		
STREET ADDRESS				EET ADORESS	
CITY-ST-ZIP			6.4 C/T	/-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: