

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:42

DOCUMENT # L92088 (8)

1. Corporation Name

CONSTRUCTION EQUIPMENT ATTACHMENTS, INC.

Principal Place of Business

3406 HWY. 92 E.  
PLANT CITY FL 33566

Mailing Address

3406 HWY. 92 E.  
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

03/31/1994

4. FEI Number

59-3039502

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PARKER WD  
3406 HWY 92 E  
PLANT CITY FL 33566

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Type or print or print name of registered agent and sign application

NOTE: Registered Agent signature required when submitting

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS | CITY - ST - ZIP |
|-------|--------------------|----------------|-----------------|
| P     | PARKER, WD         | 3406 HWY 92 E  | PLANT CITY FL   |
| VP    | PARKER, SCOTT      | 3406 HWY 92 E  | PLANT CITY FL   |
| D     | PARKER, ANTHONY    | 3406 HWY 92 E  | PLANT CITY FL   |
| ST    | GRASSETTE, GEOFF-J | 3406 HWY 92 E  | PLANT CITY FL   |
|       |                    |                |                 |
|       |                    |                |                 |
|       |                    |                |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the 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:

WD Parker

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-10-95

254-7107