

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L98867 (9)

1. Corporation Name

SCREEN PROCESS EQUIPMENT AND SUPPLY OF FLORIDA,  
INC.



Principal Place of Business

3860 NE 40TH PL  
UNIT M  
OCALA FL 34479

Mailing Address

3860 NE 40TH PL  
UNIT M  
OCALA FL 34479

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2280 NW 38 Ave

22 City & State

27 Gainesville, FL

23 Zip Country

28 32605 29 Atachua

9. Name and Address of Current Registered Agent

RICHARD & BINN, P.A.  
808 SOUTHEAST FORT KING STREET  
OCALA FL 32671

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

10/09/1995

4. FEI Number

59-3038625

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

10. Name and Address of New Registered Agent

81 Name

Carla Edmore

82 Street Address (P.O. Box Number is Not Acceptable)

83

2280 NW 38 Ave

84 City

Gainesville, FL

FL

85 Zip Code

32605

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

Carla Edmore

Carla Edmore

President

4/15/96

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME FORTIN, ARMAND  
STREET ADDRESS 3694 SE 56TH AVE  
CITY-ST-ZIP Ocala FL

DELETE

TITLE SDV  
NAME FORTIN, CHARLOTTE  
STREET ADDRESS 3694 SE 56TH AVE  
CITY-ST-ZIP Ocala FL

DELETE

TITLE T  
NAME FORTIN, CHARLOTTE  
STREET ADDRESS 3694 SE 56TH AVE  
CITY-ST-ZIP Ocala FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PTD  
Edmore, Carla  
2280 NW 38 Ave  
Gainesville, FL 32605

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

SDV  
Bernasconi, Alfred  
2280 NW 38 Ave  
Gainesville, FL 32605

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

T  
Bernasconi, Alfred  
2280 NW 38 Ave  
Gainesville, FL 32605

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

100001797581  
-04/29/96--01022--017  
\*\*\*200.00

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 on an attachment with an address.

SIGNATURE:

Carla Edmore

4/12/96

352-732-6400

CR2E034 (12/95)