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

CORPORATION ANNUAL REPORT

1996



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

DOCL	<b>IMENT</b>	#

M99650

1. Corporation Name

C & D EQUIPMENT, INC.

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Principal Place	of Business	Mailing Address				
% CONNER P.O. BOX 25 TAMPA FL 3		% CONNER DOUGL P.O. BOX 2522 TAMPA FL 33601	AS B.			
India A TE C					3. Date incorporated or Qualified 10/01/1988	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2910315	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25	29	30			□ No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	registered Agent
DOUG	AS B. CONNER		61			
	AST SEVENTH AVENUE		82	Street Add	iress (P.O. Box Number is Not Acceptab	ole)
	FL 33605		83			
			84	City		85 Zip Code
				1		<b>FL</b>
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statu a. Such change was author on 607.0505, Florida Statute	utes, the above- ized by the corp as.	named corpo oration's boa	oration submits this statement for the purard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Signature typed or printed name of registered agent a	en 6te d'avel cable h	NOTE: Registered Age	nt signature regi in	ed when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE			Change 🔲 Addition
NAME	CONNER, JACK R. S		1.2 NAME		CONNER, SR., JACK R.	•
STREET ADDRESS	4100 EAST SEVENTH AVE		13 STREE	ADDRESS		
CITY - \$T - 2IP	TAMPA FL STD		1.4 CHY-		1-1-1-	Change Addition
TITLE	CONNER, DOUGLAS B.	☐ DELETE	2. 1 TITLE		C/S/T/D	Change Addition
NAME	4100 EAST SEVENTH AVE		2.2 NAME			
STREET ADDRESS	TAMPA FL			F ADDRESS		
CITY-ST-ZIP TITLE	V	X DELETE	2.4 CITY - 3. 1 THILE	51-211		Change Addition
NAME	CONNER, III, J.W.	<u> </u>	3 2 NAME			
STREET ADDRESS	4100 EAST SEVENTH AVE			I ADDRESS		
CITY-\$1-ZIP	TAMPA FL		3 4 CITY-	1		
TITLE	PD	☐ DELETE	4 1 THLE			Change Addition
NAME	CONNER, DONALD L.		4.2 NAME			
STREET ADDRESS	4100 EAST SEVENTH AVE		4 3 STREE	T ADDRESS		
CITY - ST - ZIP	TAMPA FL		4.4 CITY-	ST-ZIP		
TITLE		■ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	i		
STREFT ADDRESS				T ADDRESS		
CHTY-ST-ZIP		ET DELETE	5.4 CITY-			Change Addition
TITLE		DELETE	6. 1 TITLE	ļ		Contends Notation
NAME			6 2 NAME			
STREET ADDRESS	1			T ADDRESS		
CITY-ST-ZIP	and it, that the information a realized	with this filing is valuntarily for	64 CHY-	ST-ZIP	for the exemption stated in Section 119	2.07(3)(k). Florida Statutes, I further
14. I do nereb	the information indicated on this aud	al renover supplemental a	anual report is ti	ue and accur	rate and that my signature shall have the	same legal effect as if made under

certify that the information indicated on this annual report ex supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer or director of the corporation or the economic of the econ

SIGNATURE:

DOUGLAS B. CONNER

4/24/96

813 247-4441

Daytime Phone #

CR2E034 (12/95)