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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99650

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C & D EQUIPMENT, INC.

FILED									
Apr 30 1997 8:00am	Ì								
Secretary of State									

P.O. BOX 2522 TAMPA FL 33601 TAMPA FL 33605 TAMPA FL 33605 TAMPA FL 33605 P.O. BOX 2522 TAMPA FL 33605 TAMPA FL 33606 TA	Principal Place of Business Mailing Address										
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Mailing Address 4. FEI Number 59-29 103 15 50 Let Not Applied For Not Applied For Not Applied For Not Applied For Sulle, Apt. #, etc. 5. Certificate of Status Dosired Fee Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 2/2 Let Country 3/4 Let Country 3/5 Let Country 4/6 Country 5/6 Country 5/7 Country 5/7 Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 1/2 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	% CONNER DOUGLAS B. P.O. BOX 2522 TAMPA FL 33601		P.O. BOX 2522								
26 Sulte, Apt. #, etc. Sul							1				
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	2. Principal Place	of Business	2a. Mailing Addre	rss			4. FEI Number	-	Applied For		
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	21		26	26			59-2910315 Not Ar				
28 Trust Fund Contribution Added to Fees Zip Country Zip Country Added to Fees 28 B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DOUGLAS B. CONNER 4100 EAST SEVENTH AVENUE TAMPA FL 33805 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Added to Fees 10. Name and Address of New Registered Agent 84 City FL B5 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 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, am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.	Sulte, Apt. #, 6	etc.		Suite, Apt. #, etc.				□ \$	\$8.75 Additional		
25 29 30 Florida Statutes Vars No 9. Name and Address of Current Registered Agent DOUGLAS B. CONNER 4100 EAST SEVENTH AVENUE TAMPA FL 33805 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL B5 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	City & State		h1				, , , , , , , , , , , , , , , , , , ,				
DOUGLAS B. CONNER 4100 EAST SEVENTH AVENUE TAMPA FL 33805 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL B5 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 Fiorida. 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.	Zip 24	· · · · · · · · · · · · · · · · · · ·	ła				/ man				
4100 EAST SEVENTH AVENUE TAMPA FL 33805 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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 Fiorida. 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.		9. Name and Address of Cur	rent Registered Agent		L.,		10. Name and Address of New Reg	istered Age	nt		
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	office or regis	stered agent, or both, in the St	ate of Florida. Such chang	ge was authorize	ed by	the corporati	oration submits this statement for the plon's board of directors. I hereby accep	urpose of cha t the appoint	anging its registered ment as registered		
	SIGNATURE		. —	01011 0				5.45			
						oni signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				

TITLE DELETE Change Addition NAME CONNER, SR JACK R. 1.2 NAME 4100 EAST SEVENTH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition CSTD TITLE 2.1 TITLE CONNER, DOUGLAS B. NAME 2.2 NAME 4100 EAST SEVENTH AVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE CONNER, DONALD L. NAME 3.2 NAME 4100 EAST SEVENTH AVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE 61 Inte Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 coport or supply hental armyal 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 required for true composition or the required 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 activess.

SIGNATURE:

CITY-ST-ZIP

ON ANA 0 DOUGLAS B. CONNER 4/24/97 813 247-4441