

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 045 ***150.00

DOCUMENT # P00000068329

1. Entity Name
CMI EQUIPMENT, INC.



Principal Place of Business

**1616 S. 14TH STREET
LEESBURG, FL 34748**

Mailing Address

**1616 S. 14TH STREET
LEESBURG, FL 34748**

2. Principal Place of Business

1300 CITIZENS BLVD.

Suite, Apt. #, etc.

SUITE 300

3. Mailing Address

1300 CITIZENS BLVD.

Suite, Apt. #, etc.

SUITE 300

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

Country

34748-3924

Zip

Country

34748-3924

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3658648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, GARY L
1616 S. 14TH STREET
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name **ROBERT K. WATSON**

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

1300 CITIZENS BLVD.

SUITE 300

City

LEESBURG

FL

Zip Code

34748-3924

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert K. Watson
Signature, typed or printed name of registered agent and title if applicable.

ROBERT K. WATSON

4-28-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **COO** ☒ Delete
NAME **KENNEY, DENNIS C**
STREET ADDRESS **1616 S 14TH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **VPCF** ☒ Delete
NAME **JONES, GARY L**
STREET ADDRESS **1616 S 14TH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **P** ☒ Delete
NAME **SCHRADER, RANDALL**
STREET ADDRESS **1616 SOUTH 14TH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete
NAME **GREGG-STRIENOS, GAIL**
STREET ADDRESS **1616 SOUTH 14TH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition
NAME **GREGG-STRIENOS, GAIL**
STREET ADDRESS **1300 CITIZENS BLYD., SUITE 300**
CITY-ST-ZIP **LEESBURG, FL 34748-3924**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Gregg-Strienos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL GREGG-STRIENOS 4-28-04 (352)314-3340

Date

Daytime Phone #