


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047272 1. Entity Name AMERQUIP CORPORATION	
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Principal Place of Business 2711 CLUBHOUSE DR. PLANT CITY, FL 33566	Mailing Address P.O. BOX 4020 PLANT CITY, FL 33563
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02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3719195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent YARBROUGH, MARK 2711 CLUBHOUSE DR. PLANT CITY, FL 33567
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DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

U00000139101
04/29/04-80107-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YARBROUGH, MARK 2711 CLUBHOUSE DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS YARBROUGH, LORI 2711 CLUBHOUSE DR PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 813-719-6588

Date

Daytime Phone #