

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P14168

Entity Name
EQUIPMENT, INC.



Principal Place of Business
2309 HWY 80 WEST
JACKSON, MS 39204-2313

Mailing Address
P.O. BOX 1987
JACKSON, MS 39215

DO NOT WRITE IN THIS SPACE

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90102 049 ***558.75

40095789



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0310288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCHMELZER, JOSEPH J. III
2226 EASTOVER DR.
JACKSON, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DONNELL, RICHARD R.
108 NAPA VALLEY DR.
CLINTON, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMELZER, GWEN
2226 EASTOVER DR.
JACKSON, MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

6/8/06

601-948-3272