

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P27122** (1)

1. Corporation Name  
**SANTA FE EQUIPMENT COMPANY OF THE SOUTH**

Principal Place of Business <b>POST OFFICE BOX 3663 13580 FIRESTONE BLVD. SANTA FE SPRINGS CA 90670</b>	Mailing Address <b>POST OFFICE BOX 3663 13580 FIRESTONE BLVD. SANTA FE SPRINGS CA 90670</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/04/1989</b>	3a. Date of Last Report <b>04/20/1994</b>
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2. Principal Place of Business <b>21 13770 FIRESTONE BLVD.</b>	2a. Mailing Address <b>P.O. BOX 3663</b> <b>26 13770 FIRESTONE BLVD.</b>	4. FEI Number <b>62-1405865</b>	Applied For Not Applicable
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Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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City & State <b>23 SANTA FE SPRINGS, CA</b>	City & State <b>28 SANTA FE SPRINGS, CA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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Zip <b>24 90670</b>	Country <b>25</b>	Zip <b>29 90670</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>JOHNSON, STEVEN R 200 LANE AVENUE NORTH JACKSONVILLE FL 32254</b>	81 Name	10. Name and Address of New Registered Agent		
	82 Street Address (P.O. Box Number is Not Acceptable)			
	83			
	84 City	<b>FL</b>	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 Florida. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Specify printed name of registered agent and the official as \_\_\_\_\_ (P.O.E. Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FAULKNER, JOHN B</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>13580 FIRESTONE BLVD.</b>		1.2 NAME	
CITY, ST, ZIP <b>SANTA FE SPRINGS CA</b>		1.3 STREET ADDRESS <b>13770 FIRESTONE BLVD.</b>	
		1.4 CITY, ST, ZIP <b>SANTA FE SPRINGS, CA 90670</b>	
TITLE <b>ST</b>	NAME <b>RINARD, SUSAN M</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>13580 FIRESTONE BLVD.</b>		2.2 NAME	
CITY, ST, ZIP <b>SANTA FE SPRINGS CA</b>		2.3 STREET ADDRESS <b>13770 FIRESTONE BLVD.</b>	
		2.4 CITY, ST, ZIP <b>SANTA FE SPRINGS, CA 90670</b>	
TITLE <b>D</b>	NAME <b>LLOYD, MARY K.</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>13580 FIRESTONE BLVD.</b>		3.2 NAME	
CITY, ST, ZIP <b>SANTA FE SPRINGS CA</b>		3.3 STREET ADDRESS <b>13770 FIRESTONE BLVD.</b>	
		3.4 CITY, ST, ZIP <b>SANTA FE SPRINGS, CA 90670</b>	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*S. M. Rinard* Sec. Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/95*

310-921-1431

Tallahassee, Florida