

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P27122** (1)

1. Corporation Name

SANTA FE EQUIPMENT COMPANY OF THE SOUTH



Principal Place of Business

Mailing Address

13770 FIRESTONE BLVD.
13580 FIRESTONE BLVD.
SANTA FE SPRINGS CA 90670
US

POST OFFICE BOX 3663
13770 FIRESTONE BLVD.
SANTA FE SPRINGS CA 90670
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, STEVEN R
200 LANE AVENUE NORTH
JACKSONVILLE FL 32254

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, for above named corporation, I, the undersigned, submit this statement for the purpose of changing its registered office or registered agent to be both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature for the person who is the registered agent

Signature for the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	[] DELETE
NAME	FAULKNER, JOHN B	
STREET ADDRESS	13770 FIRESTONE BLVD	
CITY-STATE-ZIP	SANTA FE SPRINGS CA	
TITLE	ST	[] DELETE
NAME	RINARD, SUSAN M	
STREET ADDRESS	13770 FIRESTONE BLVD.	
CITY-STATE-ZIP	SANTA FE SPRINGS CA	
TITLE	D	[] DELETE
NAME	LLOYD, MARY K.	
STREET ADDRESS	13770 FIRESTONE BLVD.	
CITY-STATE-ZIP	SANTA FE SPRINGS CA	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to the filing jurisdiction is true and correct, and that I am a resident of the State of Florida. I further certify that the information included on this annual report or supplementary 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an officer or director with an asterisk.

SIGNATURE:

Susan M. Rinard Sec/Treasurer

3/20/96 310-921-1431

CR2E034 (12/95)