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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
~~1370 FIRESTONE BLVD~~ 4188 VALLEY BLVD. ~~1370 FIRESTONE BLVD~~ 4188 VALLEY BLVD.  
~~13300 FIRESTONE BLVD~~ WALNUT, CA ~~4188 VALLEY BLVD~~ WALNUT, CA 91789  
~~SANTA FE SPRINGS CA 32620~~ 91789 ~~SANTA FE SPRINGS CA 32620~~  
US US

3. Date Incorporated or Qualified 12/04/1989	3a. Date of Last Report 04/03/1996
4. FEI Number 62-1405865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4188 VALLEY BLVD.	2a. Mailing Address 26 4188 VALLEY BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WALNUT, CA	City & State 28 WALNUT, CA
Zip 24 91789	Country 25
Zip 29 91789	Country 30

9. Name and Address of Current Registered Agent  
JOHNSON, STEVEN R  
200 LANE AVENUE NORTH  
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FAULKNER, JOHN B
STREET ADDRESS	<del>1370 FIRESTONE BLVD</del>
CITY-ST-ZIP	<del>SANTA FE SPRINGS CA</del>
TITLE	ST <input type="checkbox"/> DELETE
NAME	RINARD, SUSAN M
STREET ADDRESS	<del>1370 FIRESTONE BLVD</del>
CITY-ST-ZIP	<del>SANTA FE SPRINGS CA</del>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LLOYD, MARY K
STREET ADDRESS	<del>1370 FIRESTONE BLVD</del>
CITY-ST-ZIP	<del>SANTA FE SPRINGS CA</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADDRESS
1.3 STREET ADDRESS	4188 VALLEY BLVD.
1.4 CITY-ST-ZIP	WALNUT, CA 91789
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADDRESS
2.3 STREET ADDRESS	4188 VALLEY BLVD.
2.4 CITY-ST-ZIP	WALNUT, CA 91789
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGORY LLOYD
3.3 STREET ADDRESS	2062 BUSINESS CTR DRIVE, SUITE# 110
3.4 CITY-ST-ZIP	IRVINE, CA 92612
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham 3/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)