SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000002472 (7)

1. Corporation Name

G & C EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
5115 HEMINGWAY CIR., APT. 3605 NAPLES FL 33999	5115 HEMINGWAY CIR., APT. 3605 NAPLES FL 33999

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-3165040 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes ☐ No

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

9. Name and Address of Current Registered Agent

SPARKMAN, RICHARD D
307 AIRPORT PULLING RD. N.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Richard D. Sparkman
82 Street Address (P.O. Box Number is Not Acceptable): 307 Airport Pulling Rd. North
83
84 City: Naples FL 85 Zip Code: 34104

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P [X] Change ☐ Addition
NAME	GIBBS, MICHAEL P	1.2 NAME	Gibbs, Michael P.
STREET ADDRESS	5115 HEMINGWAY CIR., APT. 3605	1.3 STREET ADDRESS	5115 Hemingway Cir., Apt. 3605
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	~~Naples, FL 34116~~
TITLE	S ☐ DELETE	2.1 TITLE	S [X] Change ☐ Addition
NAME	CARTER, DOUGLAS	2.2 NAME	Carter, Douglas
STREET ADDRESS	5337 JENNINGS ST.	2.3 STREET ADDRESS	5337 Jennings St.
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	~~Naples, FL 34113~~
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael P. Gibbs MIKE GIBBS 8/7/96 (941) 352-2174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)