

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Anita B. Marham  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

REC'D BY FLORIDA STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027016 (3)

1. Corporation Name:

UNIVERSAL EQUIPMENT COMPANY

Principal Place of Business

1924 DOVEFIELD PL  
BRANDON FL 33510  
US

Mailing Address

P O BOX 2075  
MANGO FL 33550  
US

2. Principal Place of Business

**21**

20. Mailing Address

**26**

Suite/Apt # etc.

**22**

Suite/Apt # etc.

**27**

City & State

**23**

City & State

**28**

ZIP

**24**

ZIP

**29**

25. **29.** **30.**

ESTRADA, ALFRED R JR.  
1924 DOVEFIELD PLACE  
BRANDON FL 33510

30. **30.**

**30.**

11. Pursuant to the provisions of Section 863 and 607.5378, 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. The change was authorized by the corporation's Board of Directors. I, thereby accept the appointment as registered agent. I am familiar with and aware of the applicable laws set forth in Chapter 607.5378, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Office Holder

Signature of Registered Agent or Registered Office Holder

(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D ESTRADA, ALFRED R JR. 1924 DOVEFIELD PLACE BRANDON FL 33510	1. NAME ESTRADA, ALFRED R JR. 1924 DOVEFIELD PLACE BRANDON FL 33510	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D WAHL, GENE 1218 LAKESIDE DRIVE BRANDON FL 33510	2. NAME WAHL, GENE 1218 LAKESIDE DRIVE BRANDON FL 33510	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		7. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		8. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		9. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		10. NAME NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6), Florida Statutes. I further certify that their information is true. This annual report is a supplemental annual report, 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 person or entity empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6-12 or Block 13, changes or additions part with an address.

SIGNATURE:

*Alfred Estrada*

15. SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 248-1996

File No. 4-27-95-248-1996