

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

M

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90165 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060149

1. Corporation Name
EQUACOST, INC.



Principal Place of Business
**220 E. MONUMENT AVE., STE E
KISSIMMEE FL 34741**

Mailing Address
**P.O. BOX 770730
ORLANDO FL 32877-0730**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

59-3199972

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEDFORD, J M
2345 WHISPERING MAPLE DRIVE
ORLANDO FL 32837**

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 607.1508, 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 ☐ DELETE
NAME **PD**
STREET ADDRESS **MEDFORD, J. M**
2345 WHISPERING MAPLE DR.
CITY-STATE-ZIP **ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VPST**
STREET ADDRESS **MEDFORD, JOYCE**
2345 WHISPERING MAPLE DR.
CITY-STATE-ZIP **ORLANDO FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MEDFORD, JOYCE**
2345 WHISPERING MAPLE DR.
CITY-STATE-ZIP **ORLANDO FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. M. MEDFORD, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99
Date

407-518-0999
Daytime Phone #

CR2E034 (1/1/98)