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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P93000069029 (5) **DOCUMENT #** X-RAY EQUIPMENT MOVING, INC. Principal Place of Business Mailing Address 3086 W THARPE ST 3086 W THARPE ST TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1993 09/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 APPLIED-FOR-59 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 200 Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHMOND, HAROLD \$ 82 Street Address (P.O. Box Number is Not Acceptable) 227 E JEFFERSON ST QUINCY FL 32351 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sign notes, type dice purposimance of registered agent and title diapph, able (NOTE: Begistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILF **PSTD** DELETE 1 1 THILE ☐ Change ☐ Addition NAM WHETSTONE, WOODROW W JR 1.2 NAME 3086 W THARPE ST SUB-EL ADDRESS. 1.3 STREET ADDRESS TALLAHASSEE FL 32303 14 CHY-ST-ZIP THEF DELETE 2 1 TITLE Change Addition NAM 2.2 NAME STRLE! ADDRESS 23 STREET ADDRESS CITY-51 7P 2 4 CITY-ST-ZIP DELETE 3 1 THILE Change Add-tion NAM: 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS UrTY-S1 ZIP 3 4 CITY - ST - ZIP Table ☐ DELETE 4. 1 TITLE ☐ Change Addition 1,41,6 4.2 NAME STREET ATOMESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 C01Y - ST-7/P 11f. F DELETE 5 1 THILE Change ☐ Addition NAME 5.2 NAME STREE! ADDRESS 5.3 STREET ACIDRESS 54 CITY-ST-ZIP 1101 F DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

6.4 CITY - S1 - 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 certify 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.

Oth S1-ZiP

ING OFFICER OR DIRECTOR

2-1-94 Dejime Proce

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