

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000079567 (2)**

1. Corporation Name
FLORIDA EQUIPMENT & MACHINERY SERVICE CO.

Principal Place of Business Mailing Address
PO BOX 91115 LAKELAND FL 33804 US **PO BOX 91115 LAKELAND FL 33804 US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **02/18/1994**

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

4. FEI Number **59-3213531** 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. 190.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARBLE, LARRY M
3005 SADDLE CREEK ROAD
LAKELAND FL 33801**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.064, and 607.1508, Florida Statutes, the above named corporation submits the 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARBLE, LARRY M
STREET ADDRESS	7107 MORNING DOVE LOOP W LAKELAND FL 33809
CITY, ST, ZIP	
TITLE	D
NAME	FAHRLAND, THOMAS L
STREET ADDRESS	1227 HOLLEYBANK E LOOP W MATTHEWS NC 28105
CITY, ST, ZIP	
TITLE	D
NAME	BULLOCK, W OMAS G
STREET ADDRESS	STAR ROUTE 140 E BLUFFTON SC 29910
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(6)(a), 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 person or persons 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.

SIGNATURE: *Larry M Marble*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY M. MARBLE

09-95 813668225
Date (Type) (Phone #)

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FLORIDA
 STATE DEPARTMENT OF STATE
 1995



FLORIDA DEPARTMENT OF STATE
 SEVEN D. SUITLAND
 TALLAHASSEE, FLORIDA 32304-0001

APPROVED
 FILED
 06/23/1994
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080187 (6)**

S & R ELECTRIC, INC.

2859 N.W. 63RD TERRACE
 SUNRISE FL 33313

2859 N.W. 63RD TERRACE
 SUNRISE FL 33313

WRITE IN THIS SPACE

2. Filing Period (12 Months)	2a. Month & Year of Filing	3. Date of Incorporation	3a. Date of Last Report
21	26	11/22/1993	06/23/1994
22. Filing Office	27. State Act or Ordinance	4. FEI Number	Applied For / Not Applicable
23. Filing Office	28. F.C.I. Number	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Filing Office	29. F.C.I. Number	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Filing Office	30. F.C.I. Number	8. The corporation has liability to shareholders under S. 199 (1)(c) Florida Statute	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GLORIA, REINALDO 2859 N.W. 63RD TERRACE SUNRISE FL 33313		81. Name	
		82. Street Address (P.O. Box Number or R.F. Address)	
		83. City	
		84. City	FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida and not less than 18 years of age, do hereby certify that the above named corporation agents has obtained 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, I hereby certify the appointment as registered agent. I am familiar with all the provisions of the laws and regulations of the State of Florida.

Signature: *Ronald Stein* Date: 5-4-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P GLORIA, REINALDO % 2859 N.W. 63RD TERRACE SUNRISE FL 33313	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GERALD, SHAWN F % 2859 N.W. 63RD TERRACE SUNRISE FL 33313	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stipulated in section 199.07(1)(b) Florida Statute. I declare under oath that the information is true and correct, and that the corporation shall have the parties hereto file and make under oath that the undersigned is the holder of this corporation or the receiver or trustee appointed to execute the report as required by Chapter 199, Florida Statute, and that my name appears on the list of directors or officers of the corporation.

SIGNATURE: *Ronald Stein* 5-4-95(305)7486501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR