

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90158 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000081838

1. Corporation Name
EQUIPMENT RESOURCES, INC.

Principal Place of Business
801 LONGWOOD-MARKHAM RD.
SANFORD FL 32771

Mailing Address
801 LONGWOOD-MARKHAM RD.
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number

59-3216579

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

21 204 Barry Ct.

Suite, Apt. #, etc.

22 City & State

23 Longwood, Florida

24 32779

25 U.S.A.

2a. Mailing Address

26 204 Barry Ct.

Suite, Apt. #, etc.

27 City & State

28 Longwood, FL

29 32779

30 U.S.A.

9. Name and Address of Current Registered Agent

STALLINGS, EUELL, JR.
801 LONGWOOD-MARKHAM ROAD
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name Euell Stallings, SR.
82 Street Address (P.O. Box Number is Not Acceptable)
204 Barry Ct.
83
84 City Longwood FL 85 Zip Code 32779

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 Euell Stallings, SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	STALLINGS, EUELL JR.	801 LONGWOOD-MARKHAM RD.	SANFORD FL 32771	<input checked="" type="checkbox"/>
DVT	STALLINGS, DENISE	801 LONGWOOD-MARKHAM RD.	SANFORD FL 32771	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	Euell Stallings, SR.	204 Barry Ct.	Longwood, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVT	Crystal Stallings	204 Barry Ct.	Longwood, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

Date

407-869-1311

Daytime Phone #

CR2E034 (11/98)