

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020697 (6)

1. Corporation Name

CENTURY EQUIPMENT SALES CORPORATION

Principal Place of Business

P O BOX 7006
PENSACOLA FL 32504

Mailing Address

P O BOX 7006
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 3008 Hwy 95 A S.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3230526

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. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Cantonment FL

City & State

28

Zip

32534

Country

30 ESC.

9. Name and Address of Current Registered Agent

CAMPBELL, C R

P O BOX 7006

PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

C.R. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

3008 Hwy 95 A S.

83

Cantonment

84 City

FL

85 Zip Code

32534

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

C.R. Campbell

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CR Campbell 1 Director
NAME
STREET ADDRESS 10391 Old Dairy Ln
CITY-ST-ZIP Pensacola, FL 32534

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
12 NAME ELEANOR F. Campbell
13 STREET ADDRESS 10391 Old Dairy Ln.
14 CITY-ST-ZIP Pensacola, FL 32534 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

C.R. Campbell

1-13-95

9044770343

PRINTED AND JUDICIAL OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Witham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐

\$8.75 Additional
Fee Required

23 City & State

23 Cantonment Fl.

28 City & State

28 Cantonment Fl.

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

24 32533

25 Country

25 E.C.O.

29 Zip

29 32534

30 Country

30 E.C.O.

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, C R

P O BOX 7006

PENSACOLA FL 32504

32534

10. Name and Address of New Registered Agent

81 Name

81 C.R. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

82 3008 Hwy 95 A S.

83

84 City

84 Cantonment

FL

85 Zip Code

85 32533

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 607.0503, Florida Statutes.

SIGNATURE

C.R. Campbell

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CR Campbell 1 Director
NAME
STREET ADDRESS 10391 Old Dairy Ln
CITY-ST-ZIP Pensacola, Fl. 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Eleanor F. Campbell
1.3 STREET ADDRESS 10391 Old Dairy Ln.
1.4 CITY-ST-ZIP Pensacola, Fl. 32534 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Deposited by Bank

RC

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 110.07(3)(b), 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 this 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 in an attachment with an address.

SIGNATURE:

C.R. Campbell

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95

Date

9044770343

Signature Number