FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P94000026558 (4)**

1. Corporation Name
NATIONAL EQUIPMENT WAREHOUSE, INC.

Principal Place of Business	Mailing Address
~~934 N MAGNOLIA AVE~~ ~~SUITE 300~~ ~~ORLANDO FL 32791-5096~~	P O BOX 915096 LONGWOOD FL 32791-5096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 407 WEKIVA SPRINGS RD
22 Suite, Apt. #, etc.: 213
23 City & State: LONGWOOD FL
24 Zip: 32779 25 Country: USA

2a. Mailing Address
26: P.O. BOX 915096
27 Suite, Apt. #, etc.:
28 City & State: LONGWOOD FL
29 Zip: 32791-5096 30 Country: USA

4. FEI Number: 59-3234184 ☐ 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

9. Name and Address of Current Registered Agent

BAIRD, J. BRIAN
225 E ROBINSON ST
SUITE 450
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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	D	11 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, LINDA S	12 NAME	
STREET ADDRESS	~~934 N MAGNOLIA AVE SUITE 300~~	13 STREET ADDRESS	P.O. BOX 915096 N/A
CITY-ST-ZIP	~~ORLANDO FL 32803~~	14 CITY-ST-ZIP	LONGWOOD, FL 32791-5096
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COLE, ELIZABETH A	22 NAME	
STREET ADDRESS	~~934 N MAGNOLIA AVE~~	23 STREET ADDRESS	P.O. BOX 915096 N/A
CITY-ST-ZIP	~~ORLANDO FL 32791-5096~~	24 CITY-ST-ZIP	LONGWOOD, FL 32791-5096
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	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 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.

SIGNATURE: Linda S Wright 3/8/95 813-996-4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418480 FP