

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:36

DOCUMENT # P94000034878 (6)

1. Corporation Name

CEI CONTINENTAL EQUIPMENT COMPANY, INC.

Principal Place of Business

5679 BROOK LOOP
LAKELAND FL 33811

Mailing Address

POB 5464
LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 3255 MEDUSA ROAD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 DUNNING # 301

27 Suite, Apt. #, etc.

28 City & State

23 City & State

24 LAKELAND FLORIDA

28 City & State

24 Zip

25 33811

25 Country

26 USA

29 Zip

30

Country

30

4. FEI Number

59-320-9950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOO, ROBERT W
5679 BROOK LOOP
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

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

5679 Brook Loop

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 607.0509, Florida Statutes.

SIGNATURE

Robert W. Koo 2/8/95

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOO, ROBERT W
STREET ADDRESS	5679 BROOK LOOP
CITY - ST - ZIP	LAKELAND FL 33811
TITLE	D
NAME	GARRINGER, LESTER G
STREET ADDRESS	5679 BROOK LOOP
CITY - ST - ZIP	LAKELAND FL 33811
TITLE	D
NAME	GARRINGER, GILBERT N
STREET ADDRESS	6802 CRESCENT LAKE DR
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	
NAME	
STREET ADDRESS	
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

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5679 Brook Loop
1.4 CITY - ST - ZIP	LAKELAND, FL 33811
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032(4)(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 in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Robert W. Koo

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/8/95 (813) 646-0000

Date

Telephone Number