

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000034878 (6)

1. Corporation Name

CEI CONTINENTAL EQUIPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

3255 MEDULLA ROAD
BUILDING #301
LAKELAND FL 33811
US

POB 5464
LAKELAND FL 33807

FILED

36 MAY -1 PM 3:44

SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 3470 Aircraft Drive

26 P.O. Box 5464

Suite, Apt #, etc

Suite, Apt #, etc.

22 City & State

27 City & State

23 Lakeland, FL

28 Lakeland, FL

Zip

Country

Zip

Country

24 33811

25 USA

29 33807

30 USA

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

59-3239950

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

10. Name and Address of New Registered Agent

KOO, ROBERT W
5658 BROOK LOOP
LAKELAND FL 33811

81 Name

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

83

84 City

0000001802270

06/14/96-01049-004

***+200. FL 86 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 the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME KOO, ROBERT W
STREET ADDRESS 5658 BROOK LOOP
CITY-ST-ZIP LAKELAND FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D DELETE
NAME GARRINGER, LESTER G
STREET ADDRESS 5679 BROOK LOOP
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE D DELETE
NAME GARRINGER, GILBERT N
STREET ADDRESS 6802 CRESCENT LAKE DR
CITY-ST-ZIP LAKELAND FL 33813

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lester G. Garringer

36/07/96

941

646-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034 (3/96)