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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998	Secretary DIVISION OF CO	of State	Secretary of State
DOCUI 1. Corporation	MENT # P9400	00034878 (6)		
CEI CO	NTINENTAL EQUIPMENT	COMPANY, INC.		
Principal Place	e of Business	Mailing Address		
3470 AIRCRAI		P.O. BOX 5464		
LAKELAND FL 33811		LAKELAND FL 33807		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified
 				05/03/1994
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-3239950   Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23	1 (2.1	28	Counter	Trust Fund Contribution
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registered Agent
GA	rringer, lester g		81 Name	UIIIIAM D MC DEEV
<sup>*</sup> 567	79 BROOK LOOP		62 Street A	WILLIAM D. MC PEEK Address (P.O. Box Number is Not Acceptable)
LAH	(ELAND FL 33811		83	100 ROANN DRIVE
•			63	
•			84 City	OVIEDO <b>FL</b> 85 Zip Code 32765
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named	OVIEDO 132765 corporation submits this statement for the purpose of changing its registered
office or n agent. I ar	egistored agent, or both, in the Sta m familiar with, and accept the ok-	ite of Florida, Such change was au ligations of, Section 607,0605, Flor	ithorized by the corp ida Statutes.	corporation submits this statement for the purpose of changing its registered to all posteriors or all properties the submit of directors. I hereby accept the appointment as registered
SIGNATURE	William W		WILLIAM D. Regulered Agent signature	
12,		egent end this it of plantable (NOTE NOT DIRECTORS	Regulered Agent signature  13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	XX DELLIE	44.7.7.4	PRESIDENT Change XAddition
NAME	GARRINGER, LESTER G		4.0.114141	WILLIAM D. MC PEEK
STREET ADDRESS	5679 BROOK LOOP		13 STHEFT ADDRESS	100 ROANN DRIVE 32765
CITY-ST-ZIP	LAKELAND FL 33811	XX DILETE	1.4 CITY - ST - ZIP	
TITLE NAME	D Garringer, Gilbert N	XXI OLUEIE		VICE PRESIDENT Change XM dddition  JAMES P. BURKELY
STREET ADDRESS	6623 CRESCENT LAKE DR			6309 CHRISTINA GROVES CIRCLE
CITY-ST-ZIP	LAKELAND FL 33813			LAKELAND FL 33813
TITLE		DELCH	3.1 THUE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DITELE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME		_ otten	4. 2 NAME	County Nation
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DILETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-7IP 6.1 TITLE	☐ Change ☐ Addition
NAME		Name of the Control o	6.2 NAME	300002551505 Change Addition -06/08/98-01102-002
STREET ADDRESS			6.3 STREET ADDRESS	-06/08/9801102002
1				***300,00

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any address.

**FILED** 

Jun 03 1998 8:00am