

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000049193 (3)

1. Corporation Name

COMMERCIAL EQUIPMENT SALES, INC.



Principal Place of Business

2628 VENETIAN WAY  
GULF BREEZE FL 32561

Mailing Address

2628 VENETIAN WAY  
GULF BREEZE FL 32561

2. Principal Place of Business

2a. Mailing Address

21 2439 TRUCKS AVE

26 400 PICKENS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 SUITE 163

23 HERNANDO, FL

28 PENSACOLA

24 Zip Country

29 FL 30 32503

3. Date Incorporated or Qualified

06/28/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3274080

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

COLEMAN, TOMMY C  
2628 VENETIAN WAY  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

M JAMES MCNEILL

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

2439 TRUCKS AVENUE

83

84 City

HERNANDO

FL

85 Zip Code

34442

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]*

M. JAMES MCNEILL

03/01/96

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD

☒ DELETE

1.2 NAME

~~JOHN J. HARRIS~~

1.3 STREET ADDRESS

~~2628 VENETIAN WAY~~

1.4 CITY - ST - ZIP

~~GULF BREEZE FL~~

2.1 TITLE

SD

☒ DELETE

2.2 NAME

~~COLEMAN, LINDA D~~

2.3 STREET ADDRESS

~~2628 VENETIAN WAY~~

2.4 CITY - ST - ZIP

~~GULF BREEZE FL~~

3.1 TITLE

☐ DELETE

3.2 NAME

~~PD~~

3.3 STREET ADDRESS

~~2439 TRUCKS AVE~~

3.4 CITY - ST - ZIP

~~HERNANDO, FL 34442~~

4.1 TITLE

☐ DELETE

4.2 NAME

~~SD~~

4.3 STREET ADDRESS

~~2439 TRUCKS AVE~~

4.4 CITY - ST - ZIP

~~HERNANDO, FL 34442~~

5.1 TITLE

☐ DELETE

5.2 NAME

~~PD~~

5.3 STREET ADDRESS

~~2439 TRUCKS AVE~~

5.4 CITY - ST - ZIP

~~HERNANDO, FL 34442~~

6.1 TITLE

☐ DELETE

6.2 NAME

~~PD~~

6.3 STREET ADDRESS

~~2439 TRUCKS AVE~~

6.4 CITY - ST - ZIP

~~HERNANDO, FL 34442~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/96 (352) 637-1731

CR2E034 (12/95)