

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000057991 (9)

1. Corporation Name

LOCKE EQUIPMENT MANUFACTURER, INC.



Principal Place of Business

4840 EAST IRLO BRONSON HWY.
ST. CLOUD FL 34771

Mailing Address

4840 EAST IRLO BRONSON HWY.
ST. CLOUD FL 34771

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

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29

30

4. FEI Number

59-3261433

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

LOCKE, SCOTT C
4840 EAST IRLO BRONSON HWY.
ST. CLOUD FL 34771

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 the corporation

NAME Registered Agent Signature required when stating

DATE

12. OFFICERS AND DIRECTORS

D
LOCKE, SCOTT C
4840 EAST IRLO BRONSON HWY.
ST. CLOUD FL 34771

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

V
LOCKE, BARBARA J
4840 East Irlo Bronson Hwy
St. Cloud, Florida 34771

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

407-892-1100

Date

Exemption Status #

CR2E034 (12/95)