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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 07 1997 8:00am Secretary of State

OCUMENT #	P94000057991	(9)
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LOCKE EQUIPMENT MANUFACTURER, INC.

2. Principal Place of Business	ate of Last F	DI 1481			
ST. CLOUD FL 34771-8714  3. Date Incorporated or Qualified 08/05/1994 04/2  2. Principal Place of Business 2e. Mailing Address 59-3261433  Suite, Apt. #, etc. 59-3261433  Suite, Apt. #, etc. 59-3261433  Suite, Apt. #, etc. 59-3261433  City & State 6. Election Campaign Financing Trust Fund Contribution 72					
2. Principal Place of Business 2a. Mailing Address 59-3261433  Suite, Apt. #, etc. 59-3261433  Suite, Apt. #, etc. 50: 50: 50: 50: 50: 50: 50: 50: 50: 50:					
22 Suite, Apt. #, etc.  City & State  City & State  Zip  Country  At his corporation has liability for intangible Florida Statutes  Florida Statutes  Florida Statutes  Street Address of New Registered Agent  At City  FL  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 officer or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appragence was authorized by the corporation's board of directors. I hereby accept the appragence was authorized by the corporation's board of directors. I hereby accept the appragence is greatered agent, or both, in the State of Florida Statutes, Horized Statutes, Horized Statutes, The above-named corporation's board of directors. I hereby accept the appragence was authorized by the corporation's board of directors. I hereby accept the appragence is greatered agent, or both, in the State of Florida Statutes, Horized Statutes, The above-named corporation's board of directors. I hereby accept the appragence is greatered agent and for it applicable  In III E  Delete  Locke, Scott C  4840 EAST IRLO BRONSON HWY.  13 STREET ADDRESS	יספו וני:	teport			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	<u> </u>	pplied For			
City & State  City & State  ZB  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible Florida Statutes  Plorida Statutes  Plorida Statutes  Dokes, SCOTT C  4840 EAST IRLO BRONSON HWY.  ST. CLOUD FL 34771  Base or registered agent, or both, in the State of Florida Statutes. The above-named corporation submits this statement for the purpose of 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 appragent Lam lamiliar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Bigurulo typed or profiled name of registered agent and for it applicable (NOTE Registered Agent signature required when reinslating)  DATE  11. PLEST ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. NAME  LOCKE, SCOTT C  LOCKE, SCOTT C  12. NAME  SIREET ADDRESS  STREET ADDRESS  13. SIREET ADDRESS		ot Applicable Additional			
City & State  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	<b>—</b> — — —	lequired			
Zip Country Zip Country 3 30 Shifts corporation has liability for intengible Florida Statutes Florida Statutes Florida Statutes Florida Statutes Florida Statutes Shifts Corporation has liability for intengible Florida Statutes Florida Florida Statutes Florida Florida Statutes Florida Florida Statutes Florida Flori		May Be			
25 29 30 Florida Statutes Fee Locke, Scott C  9. Name and Address of Current 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 Experimental to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 appragent Lam familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature byted or period hardle of registered agent and for it applicable (NOTE Registered Agent signature registed when reinstating)  DATE  12. OFFICERS AND DIRE CHORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRE CHORS  14. NAME  LOCKE, SCOTT C  15. NAME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRE CHORS  15. ADDITIONS/CHANGES TO OFFICERS AND SIREET ADDRESS					
9. Name and Address of Current Registered Agent  LOCKE, SCOTT C  4840 EAST IRLO BRONSON HWY.  ST. CLOUD FL 34771  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  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 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 appraignment I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typical or profiled name of registered agent and for it applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICEHS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS  14. City  FL  15. Name  ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS	htangible tax under s. 199.032,				
4840 EAST IRLO BRONSON HWY.  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 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 approach I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or provide agent and for Applicable (NOTE Registered Agent signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE  NAME  LOCKE, SCOTT C  4840 EAST IRLO BRONSON HWY.  1.3 STREET ADDRESS					
ST. CLOUD FL 34771  83  84 City  FL  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 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 appraignment I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typicd or profind name of registered agent and for it applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICEIRS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS  LOCKE, SCOTT C  4840 EAST IRLO BRONSON HWY.  1.3 STREET ADDRESS		ĺ			
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 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 appragent. I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typical or profed frame of registered agent and from Happlicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND INTERMAL  LOCKE, SCOTT C  12 NAME  STREET ADDRESS  4840 EAST IRLO BRONSON HWY.  1.3 STREET ADDRESS					
TI. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 approach familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or prefer and form applicable (NOTE Registered Agent signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TILLE  NAME  LOCKE, SCOTT C 12. NAME  STREET ADDRESS  1.3 STREET ADDRESS					
TI. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 approach familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or prefer and form applicable (NOTE Registered Agent signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TILLE  NAME  LOCKE, SCOTT C 12. NAME  STREET ADDRESS  1.3 STREET ADDRESS	1221 30				
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 appearance of agent 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATU	85 Zip	Code			
Signature typicd or pseudo reported agent and too if applicable (NOTE Registered Agent signature required when reinstating) DATE  12. OFFICEIRS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND THE PROPERTY OF THE PROPER	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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS OFFI					
INTLE D DELETE 1.1 TILE  NAME LOCKE, SCOTT C 1.2 NAME  STREET ACCURS.S 4840 EAST IRLO BRONSON HWY. 1.3 STREET ADDRESS	DIRECTOR	RS IN 12			
STREET ACCIDESS 4840 EAST IRLO BRONSON HWY. 1.3 STREET ADDRESS	Change	RS IN 12			
OFFEET MATERIAL CONTRACTOR OF THE CONTRACTOR OF					
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City-St. 2/P ST. CLOUD FL 34771 1.4 City-St-2/P V DELETE 2.1 Title	Change	Addition			
NAME LOCKE, BARBARA J 22 NAME	CHAINGC	Addition			
STREET ADDRESS 4840 E IRLO BRONSON HWQY 23 STREET ADDRESS					
CITY - ST - ZIP ST CLOUD FL 2 4 CITY - ST - ZIP					
TILE DELETE 31 TITLE	Change	Addition			
NAME 3.2 NAME		İ			
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TILE DELETE 4.1 TITLE	Change	Addition			
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TOTLE DELETE 5.1 TITLE NAME: 5.2 NAME	Change	L Addition			
NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS		Ì			
CITY-SI-7IP 54 CITY-ST-7IP					
TIFLE DELETE 61 TITLE	☐ Change	Addition			
NAME 62 NAME					
STREET ADDRESS 63 STREET ADDRESS					
CITY-ST-ZIP 4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further	r certify the	it 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 an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; a appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Low Land Typed of PRINTO NAME OF SIGNING OFFICER ON DIRECTOR J. LOCKE 3/31/97 89	nd that my	name			