FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:24

DOCUMENT # **P94000083705 (1)** 5812-1

1. Corporation Name
EQUIPMENT MANAGEMENT SERVICE, INC.

Principal Place of Business	Mailing Address
% DAVID S. BAND 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA FL 34236	% DAVID S. BAND P.O. BOX 49948 SARASOTA FL 34230-6948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0540494 ☐ 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
BAND, DAVID S 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V,T	☐ Change ☒ Addition
NAME	BAND, DAVID S	12 NAME	Band, David S.	
STREET ADDRESS	240 S. PINEAPPLE AVE., 10TH FL.	13 STREET ADDRESS	240 S. Pineapple Ave., 10th FL	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	21 TITLE	S	☐ Change ☒ Addition
NAME	GITHLER, CHARLES E III	22 NAME	Githler, Charles E. III	
STREET ADDRESS	1543 2ND ST.	23 STREET ADDRESS	1543 2nd Street	
CITY-ST-ZIP	SARASOTA FL 34236	24 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	31 TITLE	P	☐ Change ☒ Addition
NAME	MATZKIN, STEVEN R	32 NAME	Matzkin, Steven R.	
STREET ADDRESS	1343 MAIN ST., 7TH FLOOR	33 STREET ADDRESS	1343 Main Street, 7th Floor	
CITY-ST-ZIP	SARASOTA FL 34236	34 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: _____ Director 4/10/95 (813) 366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING Title Daytime Phone #
David S. Band

0348163 CP