FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -7 PM 3:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000094209 (1)

1. Corporate Name

STATEWIDE COMMERCIAL LDY. EQUIP. CO. OF FLORIDA

Principal Place of Business: 4613 NO. HESPERIDES AVENUE, TAMPA FL 33614

Mailing Address: 4613 NO. HESPERIDES AVENUE, TAMPA FL 33614

3. Date Incorporated or Qualified: 12/29/1994

3a. Date of Last Report:

4. FEI Number: 59-2603138 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. ... — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes — Yes / No

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FARR, JAMES G
1502 W. FLETCHER AVENUE STE. 101
TAMPA FL 33612

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARKER, DENNIS M
STREET ADDRESS	4613 NO. HESPERIDES AVENUE
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D
NAME	HEUNICK, JEFFREY C
STREET ADDRESS	4613 NO. HESPERIDES AVENUE
CITY-ST-ZIP	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — Change / Addition — blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002561 FP