

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 # P94000094209 (1)

1. Corporation 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
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~CERSED BUSINESS~~

26 16500 N.W. 52ND AVE

4. FEI Number
59-3288680

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ACCOUNTING ONLY

27 90 STATEWIDE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23 16500 N.W. 52ND AVE

28 HIALEAH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 HIALEAH

Country 212

Zip

29 33014

Country

30 USA

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

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

81 Name
HARKER, DENNIS M.

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

90 STATEWIDE

83 16500 N.W. 52ND AVE

84 City
HIALEAH

85 Zip Code
FL 33014

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent

DENNIS M. HARKER

4-22-96

(NOTE: Registered Agent signature required when the statement is filed.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information submitted 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 supplemented 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

DENNIS M. HARKER

4/22/96

305-

624-5169

Date

Daytime Phone

CR2E034 (12/95)