FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000003497 (1)

APEC EQUIPMENT CORPORATION

Principal Place of Business Mailing Address 2631-A NW 41ST ST. 2631-A NW 41ST ST. GAINESVILLE FL 32606 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3293886 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 mm 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangular Personal Property Tax due June 30. X Yes X No Zip Country Zip Country 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, WILLIAM D 2631-A N.W. 41ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** 83 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regionerd agent and the 4 approachts (NOTE: Registered Agent signature required when reinstating) 10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition Addition TITLE 1.1 TITLE STALCUP BERRY S. NAME 1.2 NAME **520 SE 8TH AVE.** STREET ADDRESS 1.3 STREET ADDRESS **CCRYSTAL RIVER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE

CITY-ST-ZIP 6.4 CHTY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 ir changed, or on an attachment with an address

4.1 TITLE

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.4 City - St - 7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

Change

Change

Addition

Addition

Addition

FILED

May 13 1998 8:00am

Secretary of State