Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90137 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014787

 Corpóration 	Name							
PARTRID	GE EQUIPMENT SALES, IN	C.						
	<u></u>							
Principal Place of Business Mailing Address					1			
7232 SAND LAKE ROAD 7232 SAND LAKE ROAD					•			
SUITE 202 SUITE 202								
ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed				
					02/17/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For	
21 . 1			<u> </u>		59-3300596	 ,	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
22 27						Fee Re		
City & State City & State					6. Election Campaign Financing	\$5.00		
23 28				Trust Fund Contribution Added to Fees		o Fees		
Zip	Country Zip Cour				8. This corporation owes the current year In			
24	25 29 30				Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
	CO, CARROLL S SR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		-	
6220 S. ORANGE BLOSSOM TRAIL								
	E 194		83					
ORL	ANDO FL 32809		-			85 Zip C	Codo	
·			84	City	Fl	85 Zip 0	ode	
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes, t	he abov	e-named corpo	pration submits this statement for the purpose of	f changing its	registered	
office or re	agistered agent or both in the State o	if Florida. Such change was autho	rized by	the comoratio	n's board of directors. I hereby accept the appo	intment as req	gistered	
agent. I ai	n familiar with, and accept the obligati	ons or, Section 607.0505, Florida	Statutes	-				
SIGNATURE	Signature, typed or printed name of registered agent	and title of applicable /NOTE: Requ	stered Ager	st signature required	when reinstating) DATE		i	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	-		1.1 TITLE			☐ Change	Addition	
NAME	GIBBINGS, M.J.R.		1.2 NAME				ì	
!: 1	AND ALCOHOM LANGE IN PLOT			ADDRESS				
STREET ADDRESS							ľ	
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219		Change	Addition	
TITLE	D A A B						_	
NAME	GIBBINGS, A.A.R.		2.2 NAME	l			ł	
STREET ADDRESS			-	FADDRESS .	ويهام المعلى ويتعلمون الموادي الهام كالمهلا		~	
CITY-ST-ZIP	TIVERTON EX 4		2.4 CITY-5	IT-ZIP		Change	Addition	
TITLE			3.1 TTLE			- Sugnide	Land & Addition	
NAME	•		3.2 NAME				ļ	
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY+5	T-ZIP				
TITLE	lare.	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME :	·		4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS			-	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	•	•		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			}	
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			}	
				$\longrightarrow \longleftarrow$				
		☐ DELETE	6.1 TITLE	J		Change	☐ Addition	
NAME !			6.1 TITLE 6.2 NAME			☐ Change	☐ Addition	

14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: -

STREET ADDRESS

CITY-ST-ZIP,

8 Minds 1898 Olly 1884 255981