

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000015686 (5)**

1. Corporation Name

TUCKER'S EQUIPMENT OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**31735 S EXECUTIVE BLVD
LEESBURG FL**

**PO BOX 490574
LEESBURG FL 34749-0574**

3. Date Incorporated or Qualified
02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 490811

4. FEI Number

59-3294987

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Leesburg, FL 34749-0811

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

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAUTHEN, DAVID E
131 W MAIN ST
TAVARES FL 32778**

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 607.1502, 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

Signature typed or printed name of registered agent (if the registered agent is not the corporation)

Signature typed or printed name of new registered agent (if the new registered agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CAUTHEN, DAVID E | |
| STREET ADDRESS | 131 W MAIN ST | |
| CITY-ST-ZIP | TAVARES FL 32778 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------------|--|
| 1. TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME | Tucker, B. Murray III | |
| 3. STREET ADDRESS | 400 C.R. 468 | |
| 4. CITY-ST-ZIP | Leesburg, FL 34748 | |
| 2. TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME | Tucker, B. Murray, III | |
| 2.3 STREET ADDRESS | 400 C.R. 468 | |
| 2.4 CITY-ST-ZIP | Leesburg, FL 34748 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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)(k), 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:

B. Murray III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

352-787-3157

CR2E034 (12/95)