

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000035746 (3)**

1. Corporation Name

TAMPA EQUIPMENT COMPANY



Principal Place of Business

Mailing Address

**4525 W. ORIENT STREET
TAMPA FL 33614**

**4525 W. ORIENT STREET
TAMPA FL 33614**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

3. Date Incorporated or Qualified

3a. Date of Last Report

05/08/1995

4. FET Number

Applied For
Not Applicable

59-3257834

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SECORD, THOMAS M SR.
4525 W. ORIENT STREET
TAMPA FL 33614**

81 Name
THOMAS M SECORD JR
82 Street Address (P.O. Box Number is Not Acceptable)
4525 W ORIENT ST
83
84 City
TAMPA
FL 85 Zip Code
33614

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent required when not existing

6/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	SECORD, THOMAS M JR.	
STREET ADDRESS	17675-B JAMESTOWN WAY	
CITY-ST-ZIP	LUTZ FL 33549	
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		

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	☐ Change ☒ Addition
22 NAME	ELEANOR E SECORD	
23 STREET ADDRESS	1044 ST TROPICAL	
24 CITY-ST-ZIP	TAMPA FL 33615	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**400001888244
-07/09/96--01125--026
***225.00**

67-08-96 OK

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

813 870 0630

CR2E034 (3/96)