

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000038555 (5)

1. Corporation Name

L & D EQUIPMENT, INC.



Principal Place of Business

Mailing Address

610 S. FLORIDA AVENUE  
SUITE 207  
TARPON SPRINGS FL 34689

610 S. FLORIDA AVENUE  
SUITE 207  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified  
05/15/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 207 Tarpon Point

26 207 Tarpon Point

4. FEI Number

59-3314611

Applied For

Not Applicable

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

22 City & State

23 Tarpon Springs, FL

24 34689

25 USA

27 City & State

28 Tarpon Springs, FL

29 34689

30 USA

9. Name and Address of Current Registered Agent

DAYHOFF, CHARLES S III  
3830 TAMPA ROAD  
SUITE 150  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME TREMBLEY, LYNDIA J  
STREET ADDRESS 610 S. FLORIDA AVENUE, SUITE 207  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D  
NAME TREMBLEY, DAVID H  
STREET ADDRESS 610 S. FLORIDA AVENUE, SUITE 207  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  
12 NAME Trembley, Lyndia J.  
13 STREET ADDRESS 208 Tarpon Point  
14 CITY-ST-ZIP Tarpon Springs FL 34689

21 TITLE VD  
22 NAME Trembley, David H.  
23 STREET ADDRESS 208 Tarpon Point  
24 CITY-ST-ZIP Tarpon Springs FL 34689

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David H. Trembley David H. Trembley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96

813-942-3199

CR2E034 (3/96)