

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

Additional AR



FLORIDA DEPARTMENT OF STATE
 Sandra B. Moore, Esq.
 Secretary of State
 DIVISION OF CORPORATIONS

P95000063633

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000063633**
 1. Corporation Name
All South Equipment Corporation

Principal Place of Business Mailing Address
4707 140th Avenue North PO Box 18073
CLEWATER FL CLEWATER FL
33762 33762

3. Date Incorporated or Qualified **8/17/1995** 3a. Date of Last Report **6/14/97**
 4. FLI Number **59-3331502** 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

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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peggy Judah
4707 140th Avenue North
CLEWATER FL 33762

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, 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 **Peggy Judah** DATE **7/7/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRES TREAS SEC | 1.2 NAME | |
| STREET ADDRESS | Peggy Judah | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 4707 140 Ave North | 1.4 CITY-ST-ZIP | |
| | CLEWATER FL 33762 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.2 NAME | |
| NAME | | 2.3 STREET ADDRESS | |
| STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | |
| TITLE | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| NAME | | 3.4 CITY-ST-ZIP | |
| STREET ADDRESS | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | 4.2 NAME | |
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| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I do 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.

SIGNATURE: **Peggy Judah** Date: **July 7 1997** (800)207 4936
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/96)