2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000082482 07-15-2004 90009 017 ***158.75 A #1 GRADALL SPECIALIST, INC. Principal Place of Business Mailing Address **24440334** 2227 DRIFTWOOD CI 2227 DRIFTWOOD CL WEST PALM BEACH, FL 33410 WEST PALM BEACH, FL 33410 2. Principal Place of Business 3. Mailing Address 2227 Daftwood Ciecle JAMG Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-P CR2E034 (10/03) Palm Bch City & State 4. FEI Number Applied For Candens 65-0602211 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kichars AVON, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2227 DRIFTWOOD CIRCLE WEST PALM BEACH, FL 33410 Driftwood 3227 Zip Code 33410 Palm Bch. GAAdens 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager Lors 7-13-04 SIGNATURE. of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change AVON, RICHARD A Avor Richard NAME NAME 2227 DRIFLOOD CIRCLE STREET ADDRESS 1640 'E' ROAD STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP Palm Bch. GARdons FL 33410 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is rust 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 10 or Block 11 if changed, or on an attachment with an other section. SIGNATURE: 712-879-1113 7-13-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 15, 2004 8:00 am