

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000083804 (1)
1. Corporation Name

EQUIPMENT LOCATION SERVICES, INC.

FILED
Oct 06 1998 8:00am
Secretary of State



Principal Place of Business

7081 GRAND NATIONAL DR.
SUITE 106
ORLANDO FL 32819
US

Mailing Address

7081 GRAND NATIONAL DR.
SUITE 106
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

59-3326810

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 599 KISSIMMEE AVE

Suite, Apt. #, etc.

22 BUILDING B

City & State

23 OCOCHEE, FL

Zip

24 34761

Country

25 USA

2a. Mailing Address

26 599 KISSIMMEE AVE

Suite, Apt. #, etc.

27 BUILDING B

City & State

28 OCOCHEE, FL

Zip

29 34761

Country

30 USA

9. Name and Address of Current Registered Agent

TRACY, LYNN
7081 GRAND NATIONAL DR.
SUITE 106
ORLANDO FL 32819

81 Name TRACY, LYNN

82 Street Address (P.O. Box Number is Not Acceptable)

83 599 KISSIMMEE AVE

84 BUILDING B

City OCOCHEE

FL

85 Zip Code

34761

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 10% if applicable

LYNN TRACY

(NOTE: Registered Agent signature required when reinstating)

DATE

9-28-98

12. OFFICERS AND DIRECTORS

1.1 TITLE P

1.2 NAME TRACY, LYNN

1.3 STREET ADDRESS 7081 GRAND NATIONAL DR.

1.4 CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: LYNN TRACY 9-28-98 407654-9449

CR2E034 (5/98)