## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPOR	ATIONS		ļ				
DOCU 1. Corporation	MENT # P950	00096594 (3	)							
1	EQUIPMENT SERVICES	LINC.								
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Principal Place of Business Mailing Address										
	ERS COLONY	•						#11#1 #111	1014) OIDI (#B)	
GULF BREEZ		2633 SETTLERS COLOI GULF BREEZE FL 3256								
						3. Date Incorporated or Qualified	3a. Date	of Last F	Ronard	1
						12/20/1995		O. Edge ?	юроге	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number	<del></del>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			59-3354087			Not Applicable	e
22		27				5. Certificate of Status Desired			5 Additional Required	
City & Stat	е	City & State	City & State			6. Election Campaign Financing			<b>10</b> Мау Ве	
Zip	Country	Zip	Country			Trust Fund Contribution  8. This corporation has liability for			to Fees	
24	25 29 30  9. Name and Address of Current Registered Agent				Florida Statutes 💢 Yes 🗌 No					
	a. Name and Address of Cun	rent Hegistered Agent		<b>81</b> Nam		10. Name and Address of New F	egistered A	gent		
VANDER	POOL, DANIEL K					/D 0 5				
	TTLERS COLONY			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	ile)			
GULF BI	REEZE FL 32561			83						
				84 City	······································			85 Z	p Code	$\dashv$
11. Pursuant	to the provisions of Sections 607.05	i02 and 607 1508, Florida Statute	s, the abo	ve-named	corporat	ion submits this statement for the pur of directors. Thereby accept the appl	FL pose of char	dino its r	registered offic	
familiar wi	th, and accept the obligations of, So	orida. Such change was authorize ection 607.0505, Florida Statutes.	ed by the c	orporation	's board	of directors. I hereby accept the appr	ointment as n	egistered	l agent. I am	
SIGNATURE .	Signature, typed or printed name of registered ac	had prediction and entitle	amemi, i i i							
12.	OFFICERS AND DIRECTORS		13.	Registered Agent signature required		ADDITIONS/CHANGES TO OFF	DATE CERS AND I	DIRECTO	)BS IN 12	ĝ
TITLE		☐ DELE TE	1. 1 1	1LE	PI	RESIDENT, DIRECTO			XX Addition	CR2E034 (12/95)
NAME Street address			1.2 NA		⊢ DA	ANIEL K. VANDERPO	OOT.			8
CITY - ST - ZIP				1.3 STREET ADDRESS		33 SETTLERS COLO	ONY			<u>N</u>
TITLE		DELETE		2 1 INLE		JLF BREEZE, FL	32561 <sub>17</sub>	Change	☐ Addition	-18
NAME			2 2 NA	ME				o iango		-
STREET ADDRESS			2351	REET ADDRESS	6					
CITY-ST-ZIP TITLE		- Drifts		Y - ST - ZIP				······		
NAME		DELETE	3. 1 TH					Change	☐ Addition	
STREET ADDRESS			32 NA	me Reet addres	,					
CITY - ST - ZIP				NETT MUUNES Y-ST-ZIP	<sup>3</sup>					
TITLE		DELETE.	4. 1 111		<del> </del>			Change	Addition	
NAME			4.2 NA	ME				C. Lange		
STREET ADDRESS			4.3 STREET ADDRESS		;					
CITY-ST-ZIP			4.4 CI1	4.4 CITY - ST - ZIP						
TITLE	Defete.		5 1111	5 1 HITLE				Change	Addition	
NAME CYCLET ADDRESS			5.2 NAI	ME						
STREET ADDRESS				EET ADDRESS	1					
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP	<del> </del>					
NAME		□] NETGIE	6 17/1					Change	Addition	
STREET ADDRESS			6.2 NAN							
CITY-\$1-ZIP				EET ADDRESS						-
	certify that the information supplied	d with this filing is voluntarily furnic	bod and d	Y-ST-ZIP	Alife for i	the everynting stated in Continue				

roo nereby 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), Fiorida 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 eath; 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:

DANIEL K. VANDERPOOL PRESIDENT

SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OR MERCYCH

Date

(904)932-7391