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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000022204 (7)

JIM MONAHAN EQUIPMENT SALES, INC.

Principal Place of Business

Mailing Address

FILED May 20 1997 8:00am Secretary of State



CLEARWATER FL 34622	CLEARWATER FL 34622-5115	Ė		
		:	3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	11/	4. FEI Number	Applied For
Sulte, Apt. #. etc.	26 Suite, Apt. #, etc.	ME	59-3367186	Not Applicable
22	27] Stille, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 IND RCKS BCH, FL	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country USA 25 25	Zip 30	Country	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
g, Name and Address of Current			10. Name and Address of New Reg	
SCHMOT, LAWRENCE 2047 GRAND BLVD. HOLIDAY FL 34690 81 Name SHAW JE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)				
		84 Cilya	7202	85 Zip Code
		مكسا	DIAN SHOKES	FL 33785
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, San Change yes 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 607.0506, Florida Statutes.				
SIGNATURE Signature, the Contect name of repistering agent and rule if appricable (NOTE Riggist of agent signature required when reinstating)				
12. OFFICERS AND		Gs.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
TITLE PSD	☐ DEŁETE	15 1111.0	President	Change
NAME MONAHAN, JIM		1.2 NAME	JAMES G. MONOHAM 427 HARBOR D	a. 500Th.
STREET ADDRESS 12480 - 44TH ST. NORTH		1.3 STREET ADDRESS	427 HARBUR	- L
CITY-ST-ZIP CLEARWATER FL 34622	T brite	1.4 CITY - S1 - ZIP	Judian Rocks Bch Sect Treas.	FL 33783
TITLE	☐ DELETE	211 7171.6	Sect Treas. Gillaine P. Moi AZZ HARben Dr	Under Lange Addition
NAME		2.2 NAME	ARRAGIN DA	South
STREET ADDRESS		1 : 1	Indian Rocks Bch	=1 22765
CITY-ST-ZIP	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	INSTAN COCKS DEV	Change Addition
NAME		3,2 NAME		
STREET ADDRESS		3,3 STREET ADDRESS		
1 ' ' ' 1		[]		}
CITY-ST-ZIP	DELETE	3 4 CITY-ST-ZIF		Change Addition
NAME		4. 2 NAME		E Shange E Francisco
STREET ADDRESS		4/3 STREET ADDRESS		Į.
CITY-ST-ZIP		4,4 CITY-ST-ZIP		1
TITLE	DELETE	5,1 7illE		Change Addition
NAME		5.2 NAME		Zi onango Zi yiloanion
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-S1-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	bear section	6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied	with this filing does not qualify fo		ated 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