

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032909 (9)**

1. Corporation Name

**PENINSULA EQUIPMENT, INC.**

Principal Place of Business

**3604 ROYAL COURT N  
LAKELAND FL 33813**

Mailing Address

**POST OFFICE BOX 6009  
LAKELAND FL 33807  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/03/1996**

4. FEI Number

**59-3371021**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**HOWELL, CHARLES M  
3604 ROYAL COURT N  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

**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, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P, D, Asst. Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, CHARLES M			1.2 NAME	Howell, Charles M		
STREET ADDRESS	3604 ROYAL COURT N			1.3 STREET ADDRESS	3604 Royal Court N		
CITY-ST-ZIP	LAKELAND FL 33813			1.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	VP, Asst. Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADDUX, KATHI T			2.2 NAME	Maddux, Kathi T		
STREET ADDRESS	4070 OLD COLONY ROAD			2.3 STREET ADDRESS	4070 Old Colony Road		
CITY-ST-ZIP	MULBERRY FL 33860			2.4 CITY-ST-ZIP	Mulberry, FL 33860		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Germaine, Sharon D		
STREET ADDRESS				3.3 STREET ADDRESS	849 Eucalyptus Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Sebring, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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:

*Kathi T Maddux*

4/14/98

9416197500

CR2E034 (10/97)