

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000035232 (3)

1. Corporation Name  
GREAT DANE POWER EQUIPMENT, INC.

Principal Place of Business  
4807 110TH TERRACE NORTH  
CLEARWATER FL 34622

Mailing Address  
4807 110TH TERRACE NORTH  
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. BOX 104 Suite, Apt. #, etc. 22 305 S. NEW ALBANY ST City & State 23 SELLERSBURG, IN Zip 24 47172		2a. Mailing Address 26 P.O. BOX 104 Suite, Apt. #, etc. 27 City & State 28 SELLERSBURG, IN Zip 29 47172		3. Date Incorporated or Qualified 04/19/1996	
25 USA		30 USA		4. FEI Number 59-3379923 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SCAG, DANE T 4807 110TH TERRACE NORTH CLEARWATER FL 34622		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	
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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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAG, DANE T	1.2 NAME	
STREET ADDRESS	1050 SAN JOSE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELM PROVE WI	1.4 CITY-ST-ZIP	
TITLE	VPDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHER, RAYLENA K	2.2 NAME	
STREET ADDRESS	9099 LEISURE LANE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIEVE, CHARLES E	3.2 NAME	
STREET ADDRESS	8711 TENTLL AVE. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 in an attachment with an address.

SIGNATURE:

*Dane T. Scag*

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1-22-98 544-4090

CR2E034 (10/97)