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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

___ Change

Change

Addition

Addition

DOCUMENT # P96000094184 (4)

REPUBLIC EQUIPMENT SALES, INC.

POST OFFICE BOX 501213 MARATHON FL 33050 POST OFFICE BOX 501213 MARATHON FL 33050-1213 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0702031 Not Applicable Suite, Apt. #, etc. Suito, Apl., #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zιρ This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes Avo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **WOLFE, LARRY** GREGGO 200-A JOHN KNOX ROAD 82 TALLAHASSEE FL 32303-6643 307 H STREET 83 84 Zip Code **33050** City MARATHON 11. Pursuant to the provisions of Sortions 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. The state of I torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiarly library accept the obligations of, Section 607.0505, Florida Statutes. GREGGO OFFICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THE Change Addition GREGGO, ARTHUR A JR. NAME 1.5 NAM3 441 30TH STREET STREET ADDRESS 1.5 STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP 1.4 C(TY+ST-Z(P DELETE TITLE 2.1 1/11/8 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE Change 4.1 THLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 inchanged over an attagriment with an address.

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 C(1Y - ST - ZIP

5.4 CITY - ST - ZIP

DELETE

DELETE