May 06, 1999 8:00 am Secretary of State

05-06-1999 90061 033 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004670

1. Corporation Name

Principal Place of Business

DECO EQUIPMENT, INC.

| 108 E COLONIAL LN NOKOMIS FL 34275 US | | P.O. BOX 115 NOKOMIS FL 34274 US | NOKOMIS FL 34274 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1997 | | | | |
|---|--|--|----------------------|--------------------------------|---------------|---|--|------------------------------|--------------|---------------|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | a. Mailing Address | | | 4. FEI Num | ber | | | pplied For |
| 21 | | 26 | 26 | | | 59-345 | <u> 2785 </u> | | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, et | Suite, Apt. #, etc. | | | 5. Certifcate | e of Status Desired | | · | Additional |
| 22 | | 27 | | | | | | | | equired |
| City & State | | City & State | ¬ ' | | | | Campaign Financin | g 🗆 | | May Be |
| 23 | | | · · | ountry | | | nd Contribution | | | tổ Fees |
| Zip | Country | Zip | 30 | | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| 24 | 9. Name and Address of Curi | 29) | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | 82 8 | Street Addres | US S S (P.O. BOX N EAST | AMUFL iumber is Not Acce COLONIA | S ptable) LAN IZ FL | 85 Zip 34 | Code 7.75 |
| 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, Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | egistered | | |
| 12. | | AND DIRECTORS | 1; | | | ADDITION | IS/CHANGES TO | OFFICERS AND | Change | Addition |
| TITLE | PSD | ☐ DELE | | 1 TITLE | | | | | [_] Onlange | |
| NAME | DAVIS, SAMUEL S - 4953 BEE RIDGE ROAD | 108 EAST COL | CNIA 12 | 2 NAME | | | | | | |
| STREET ADDRESS | | NOKOMIS, FL. | 24225 | STREET AD | | | | | | ţ |
| CITY-ST-ZIP | SARASOTA FL 34293 | DELE | 77~7~ 1.4 FTF 2.1 | <u>4 CITY-ST-ZI</u> 1 TITLE | <u>эР </u> _ | | <u>-</u> | | Change | Addition |
| TITLE | | | | 2 NAME | | | | | | |
| NAME | | | ı | 3 STREET AD | NDEEC | | | | | |
| STREET ADDRESS | | | I | 4 CITY-ST-Z | | | | | | |
| CITY-ST-ZIP | | DELI | | 1 TMLE | _ | | | | Change | ☐ Addition |
| NAME | | _ | | 2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 | 3 STREET AD | DDRESS | | | | | |
| CITY-ST-ZIP | | | 34 | 4. CITY-ST-Z | ZIP | | | | | |
| TITLE | | DELE | | 1 TITLE | | | - | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 | 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 | 3 STREET AD | DORESS | | | | | |
| CITY-ST-ZIP | | | 4.4 | 4 CITY-ST-ZI | UP | | | | | |
| TITLE | | ☐ DELE | TE 5.1 | 1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 | 2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 | 3 STREET AD | DDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 | 4 CITY-ST-ZI | ZIP | | | | | |
| TITLE | | ☐ OELI | TE 6.1 | 1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 | 2 NAME | | | | | | |
| I | | | | TDECT LC | annessa I | | | | | |

SIGNATURE:

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 any excress, with all other like empowered.