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

**CORPORATION ANNUAL REPORT** 

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021977 (8)

## **FILED** Apr 10 1998 8:00am Secretary of State

Suito. Apt #, etc.    20	ALL EQUIP, INC.										
Marriary Address   Marriary Address   Marriary Address   Augustine Ft 3008	·										
SIGNATURE R. 92066  ST AUGUSTINE FL. 92066  ST AUGUSTINE FL. 92066  ST AUGUSTINE FL. 92066  ST AUGUSTINE FL. 92066  SUBJECT ADMITTS SPACE  SUBJECT ADMITTS SPACE	Principal Plac	e of Busines	SS	М	ailing Address	Address					
2. Principal Pince of Business   2s. Making Address   4. FEIN Minber   Applied Eur   2. Principal Pince of Business   2s. Making Address   4. FEIN Minber   Applied Eur   2. Principal Pince of Business   2s. Making Address   4. FEIN Minber   Applied Eur   2. Principal Pince of Business   2s. Making Address   4. FEIN Minber   Applied Eur   2. Suite Apr # .cic   S. Suite Apr # .cic   5. Certificate of Status   S. Certificate											
2. Principal Place of Business   24, Making Actiress   4, Fit Number   Applicat For   21   28   500. April 4, etc.   59 = 3019806   14ct Application   22   27   500. April 4, etc.   59 = 3019806   14ct Application   23   26   500. April 4, etc.   59 = 3019806   14ct Application   24   25   26   27   600. The fit of Company   25   26   27   27   600. The fit of Company   26   27   28   30   20   20   20   27   28   29   30   20   20   20   20   28   29   30   20   20   20   20   20   20   20	ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086					}				DO NOT WRITE IN THIS SPACE	
2.   Mainty Address   2.   Mainty Address   3.   4.   FET Number   Applied For   Applied For   State, Apt #, etc.   2.   2.   3.   3.   3.   3.   3.   3											
SURE ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 MARK SURMAN AND RESCRIPTIONS SURMAN AND RESCRI									<b></b>		
Suite, Apt 8, etc.  2   Solito   City & State   State											
City & State  Country  28  Country  29  Country  29  Country  8. This corporation cover or has paid the curront year intendigue  Personal Property deal that or curront year intendigue  SCHMIDT, WAYNE R  1485 OLD MOULTRIE RD  ST AURUSTINE FL 32086  83  84  City Flow  ST AURUSTINE FL 32086  85  86  City Flow  ST AURUSTINE FL 32086  86  87  City Flow  City Flow  City & State  City Flow  City Flow  City & State  City Flow  C	21										
CRY & State   23   28   29   28   29   20   29   20   20   20   20   20	·			<u> </u>						I B Certificate of Status Desired I I	
20				<del></del>							
Zip   Country   Zip   28   300     8. This corporation over on the paid the current relanguable   Personal Property Tax due June 20   Celes   No.	<del></del> -			28	<del></del>						
SCHMIDT, WAYNE R 1485 CUM MOULTRIER D ST AUGUSTINE FL 32088  88  64  64  64  64  64  64  64  64		Country			<del></del>			Country			
SCH-MIDT, WAYNE R 1485 OLD MOULTRIE RD ST AUGUSTINE FL 32088  83  84  City  FL  85  City  FL  FL  R  City  FL  R  FL  R  City  FL  R  City  FL  R  City  FL  R  City  FL  R  Addition  Addition  Addition  Addition  Addition  FL  R  FL  R  City  FL  R  Addition  Addition  Addition  Addition  Addition  Addition  Addition  FL  FL  FL  FL  FL  FL  FL  FL  FL  F	24	25		1+	29 3		0				
SCHMINT, HATTER   1485 OLD MOULTRE RD   ST AUGUSTINE FL 32088				Regia	tered Agent		ļ.,	·		10. Name and Address of New Registered Agent	
ST AUGUSTINE FL 32086    Ba							81	Nar	ne		
Sa							82 Street Add		eet Addre	ess (P.O. Box Number is Not Acceptable)	
### City ### B& Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutos.  SIGNATURE    10	ST AUGUSTINE FL 32086						92	<del> </del>			
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutos.  SIGNATURE    State of Florida Statutos   Section 607.0502, Florida Statutos   Section 607.0505, Florida Statutos   S							03				
11, Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE Wayne R Schmidt 12 NAME  NAME Wayne R Schmidt 12 NAME  12 NAME Wayne R Schmidt 12 NAME  13 NAME STREET ADDRESS  70 West Pope Rd E-35 13 SIREET ADDRESS  TITLE Sec?Tres DELETE 21 THE Change Addition 22 NAME  NI chael Strickland 22 NAME  21 72 Century Blvd 23 STREET ADDRESS  CITY-ST-2P St Augustine, F1 32086 24 CHY-ST-2P  TITLE Street NORIESS CHY-ST-2P 33 STREET ADDRESS STREET	ı						84	City	/	EI 85 Zip Code	
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, 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, or an accept the obligations of, section 607.0505, Florida Statutor.    12.	11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above								ned corpo	·	
SIGNATURE   Signature, typed or hrinded none of registroid agent and blis if Approximation   (ACHT Pregistroid Agent signature sequent when reinstaling)   (CHANGES TO OFFICERS AND DIRECTORS IN 12   17 TILE	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										
12											
THE	SIGNATURE	Signature, typed	or printed name of registered agen	and title	if applicable. (NOT	F : Flegister	ed Age	ent sign	ature require	ed when reinstaling) DATE	
MAME   STREET ADDRESS   TO West Pope Rd E-35   1.3 STREET ADDRESS	12.			DIRE							
STREET ADDRESS										L.J Change L.J Addition	
St Augustine, F1 32086									- }		
TITLE   Sec/Tres   DELETE   21 TITLE   Change   Addition   MAKE   Michael Strickland   22 NAME   23 STREET ADDRESS   CITY-SI-ZIP   St Augustine, F1 32086   24 CITY-SI-ZIP   Change   Addition   Add											
Michael Strickland   22 NAME   23 STREET ADDRESS   St Augustine, F1 32086   24 CITY-ST-ZIP   TITLE   Change   Addition		St Augustine,								Change Addition	
STREET ADDRESS   2172 Century Blvd   23 STREET ADDRESS   2.4 CITY-ST-ZIP					<del></del>			!		Change Nounton	
St Augustine, F1 32086   2.4 CITY-ST-ZIP     Change   Addition											
TITLE									33		
NAME		St Augustine, FI			DELÉTE			31 - ZIF		Change Addition	
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP									-		
CITY-ST-ZIP		l						ADDRE	ss		
TITLE         DELETE         4.1 TiTLE         Change         Addition           NAME         4.2 NAME											
Addition   Change   Addition			·		DELETE	_			_	Change Addition	
CHY-S1-ZIP	NAME					4. 2	NAME		1		
TITLE         DELETE         5.1 TiTLE         Change         Addition           NAME         52 NAME	STREET ADDRESS					4.3 5	STREET	ADDRE	ss		
NAME	CITY-ST-ZIP					4.4.0	OTY - S	1-7IP			
STREET ADDRESS	TITLE	4			DELETE	5.1 1	ITLE			☐ Change ☐ Addition ☐	
	NAME					521	NAME		}		
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS	-				5.3 9	TREET	ADDRE	ss		
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY - ST - ZIP         6.4 CITY - ST - ZIP					1 251550	_		T-21P			
STREET ADDRESS CITY-ST-ZIP 63 STHEET ADDRESS 64 CITY-ST-ZIP					L DELLETE					L_1 Change L_1 Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP									_		
									SS		
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		certify that th	e information supplied wit	h this f	filma does not qualify fo				tated in 9	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.

4/3/98

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