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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000046487 (9) DOCUMENT

IRBY EQUIPMENT, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10750 SW FOX BROWN ROAD 10750 SW FOX BROWN ROAD INDIANTOWN FL \$4956 INDIANTOWN FL 34956 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 - 0769 339 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent irby, **d**avid 81 Name 10750 SW FOX BROWN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) INDIANTOWN FL 34956 83 **B4** 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 (NOTE: Registered Agent signature required when reinstating) Stgnature, typed or printed name of registered agent and to in applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE. Change Addition TITLE 1.1 TITLE NAME 1.2 NAME 10750 5W FOXEROUN ROAD STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DFLETE ☐ Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE 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 trusted 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.

11-12-90