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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700063073

BUL-HED EQUIPMENT CO., INC.

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90119 040 \*\*\*158.75

Mailing Address Principal Place of Business 3995 HIGHWAY #60 EAST 3995 HIGHWAY #60 EAST MULBERRY FL 33860 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/21/1997 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 59-3456837 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip □No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BULGER, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 82 3995 HIGHWAY #60 EAST **MULBERRY FL 33860** 83 Zip Code 85 84 City 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, are accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr tered agent and trile if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change D + Decretary ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME BÜLGER, J. MICHAEL 3995 HIGHWAY #60 EAST 1.3 STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 1 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition □ DELETE 2.1 TITLE TITLE 22 NAME HÉDRICK, RONNIE E NAME 2.3 STREET ADDRESS 3995 HIGHWAY #60 EAST STREET ADDRESS **MULBERRY FL 33860** 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 31TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_

Date

Daytime Phone #

CR2E034 (11/98)