

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathams
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S22098** (5)

1. Corporation Name

DISCOUNT EQUIPMENT SALES, INC.



Principal Place of Business

**120 DELMONTE STREET
FT. PIERCE FL 34946
US**

Mailing Address

**P.O. BOX 2436
FT PIERCE FL 34954
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/02/1991

3a. Date of Last Report

02/10/1995

4. FEI Number

65-0233190

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**AVSEC, DAVID L.
120 DELMONTE ST.
FORT PIERCE FL 34946**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	☐ DELETE
NAME	AVSEC, DAVID	
STREET ADDRESS	120 DELMONTE ST	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE	VPS	☐ DELETE
NAME	WUCHKE, RON	
STREET ADDRESS	P O BOX 1153	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE	VP	☐ DELETE
NAME	AVSEC, PATRICIA	
STREET ADDRESS	120 DELMONTE ST	
CITY, ST, ZIP	FT. PIERCE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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.

SIGNATURE:

(Signature of Officer/Director)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 407-461-7473

CR2E034 (12/95)