

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED

97 AUG -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S28911 (3)

1. Corporation Name
NATIONAL SPECIALTY EQUIPMENT, INC.



Principal Place of Business 5809 20TH AVE. S. TAMPA FL 33619	Mailing Address 5809 20TH AVE. S. TAMPA FL 33619
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1991		3a. Date of Last Report 02/02/1996	
4. FEI Number 59-3058031		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 509 LISA LANE		2a. Mailing Address 26 509 LISA LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State BRANDON, FL		27 City & State BRANDON, FL	
23 Zip 33511		28 Zip 33511	
Country USA		Country USA	

9. Name and Address of Current Registered Agent
PHILLIPS, JESSE J.
5809 20TH AVE. S.
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CARLOTA	1.2 NAME	
STREET ADDRESS	5809 20 AVE., S.	1.3 STREET ADDRESS	509 LISA LANE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMIKER, THOMAS L.	2.2 NAME	300002260099--4
STREET ADDRESS	4910 HWY. 574 W.	2.3 STREET ADDRESS	-08/06/97--01118--012
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHNER, JAMES F.	3.2 NAME	
STREET ADDRESS	8528 THISTLEWOOD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JESSE J.	4.2 NAME	
STREET ADDRESS	11861 RAINTREE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

813-654-3612

CR2E034 (4/97)

2

NATIONAL **S**PECIALTY **E**QUIPMENT, INC.

July 28, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen;

We recently received a second notice to file our 1997 Profit Corporation Annual Report.

However, we never received a first notice.

After conferring with our CPA he suggested we contact your office and explain what happened. He also updated the form for your records.

In speaking with your office, we were directed to write this letter explaining what happened and enclose a check for \$165.00 instead of \$550.00, which we are doing.

Sincerely;



Carlota Robinson
Secretary Treasurer