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

**FILED** Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)A-BAR-B EQUIPMENT SALES, INC. Principal Place of Business Mailing Address 12100 NW 110TH AVE 12100 N.W. 110TH AVE. REDDICK FL 32666 REDDICK FL 32686 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1991 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3057028 Suite, 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 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{P}$ Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CULLISON III, H. E. 6318 NW 56TH TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 32675** 83 84 Zip Code City 85 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 as of the corporation o 777 SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CULLISON, H. E., III NAME 1.2 NAME 12100 NW 110TH AVE STREET ADDRESS 1.3 STREET ADDRESS REDDICK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CURREY, TAMARA K. NAME 2.2 NAME 12100 NW 110TH AVE STREET ADDRESS 2.3 STREET ADDRESS REDDICK FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP ☐ Change DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIE 5.4 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 vie receiver of 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 or an attachment with an address.

61 TITLE

6.3 STREET ADDRESS 6.4 City - St - 7)P

6.2 NAME

STREET ADDRESS

Change

Addition