

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Norman  
Secretary of State  
1905 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32304

95 MAY -1 AM 9:15

DOCUMENT # **S61510** (1)  
TOTAL MATERIAL HANDLING & EQUIPMENT CO., INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Mailing Address		3. Date of Incorporation in Florida		3a. Date of last Report	
4599 N. HWY 441 P.O. BOX 5430 OCALA FL 34475 US		P.O. BOX 5430 OCALA FL 34478 US		06/21/1991		04/27/1994	
21. State of Incorporation	22. State of Report	26. Mailing Agency	27. State of Agency	4. FEI Number	Applied For / Not Applicable		
FL	FL			59-4072174			
22. City & State	23. City & State	26. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
				<input type="checkbox"/>			
24. State	25. State	26. State	27. State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
				<input type="checkbox"/>			
24. State	25. State	26. State	27. State	7. Filing Agency (Florida Statutes)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIS, O.R. 4801 N.E. 58TH AVENUE OCALA FL 34471				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.011 and 607.012, 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 the new Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Current Registered Agent) \_\_\_\_\_ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
1. NAME	P LEWIS, O.R.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4801 N.E. 58TH AVENUE	2. STREET ADDRESS	
3. CITY & STATE	OCALA FL	3. CITY & STATE	
4. NAME	ST FLOTKOEITZER, JAMES N.	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	2220 SE 6 TERRACE	5. STREET ADDRESS	Flotkoetter James N. 2220 SE 6 Terrace Ocala FL
6. CITY & STATE	OCALA FL	6. CITY & STATE	OCALA FL
7. NAME		7. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	VISIT Reed, Jeffrey M. 7 Almond Trail Lane Ocala FL
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.011(2)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors on an attachment with an address.

SIGNATURE: *[Signature]* Pres **2-8-95** **904-732-1654**