Feb 09, 1999 8:00 am Secretary of State

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## 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 # S67853

CARLISLE EQUIPMENT SERVICE INC.

5	. '							
Principal Plac	ce of Business	Mailing Address		<del></del>	-		199 illi bibái bibil bibil	INDIA BIBNI BIBNI NEBI
6630 EASTWOOD ACRES RD FT MYERS FL 33905 US:		6630 EASTWOOD ACRES FT MYERS FL 33905	RD	·		DO NOT WO	TE IN THE CO. OF	
03		US	•		2	DO NOT WRI	TE IN THIS SPACE	
14/			4			07/22/1991		
2. Principal f	Place of Business	2a. Mailing Address	<del></del>	<del>:</del>		FEI Number		Applied For
21		26			-   - (	<b>65-028961</b> 3	<u> </u>	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		i		Certifcate of Status Desired	\$8.7	5 Additional
22	A	27		<u> </u>		Controdic of Gladas Desired	Fe	e Required
City & Sta	ite	City & State		i		Election Campaign Financing	1 1 1	00 мау Ве
Zip	Country	Zip	Countr	rý		Trust Fund Contribution		led to Fees
24	[25]	29	30	3,		This corporation owes the curre Personal Property Tax.	ent year Intangible. Yes⊟	□No
	9. Name and Address of Current			i		Name and Address of New R		
CAD	NICLE PADI		8.	1 Name				
CAN	RUSLE, EARL 0 EASTWOOD ACRES RD		82	2 Street Add	iress (P.	O. Box Number is Not Accepta	ble)	
	MYERS FL 33905		_	!		News with this are	<u>yyddiad ar ar ar begryw</u>	Section - market trees
	WILLIO 1 E 30303		83	3			The Branch of the State of	
			84	4 City				Zip Code
	/					•		
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the abov	ve-named corr	noration	submits this statement for the	number of shapeing	
11. Pursuant office or	to the provisions of Sections 607.0502 gegistered agent, or both, in the State of	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the above	ve-named corp y the corporati	poration ion's boa	submits this statement for the pard of directors. I hereby accep	purpose of changing t the appointment a	its registered s registered
agent. I	to the provisions of Sections 607.0502 legistered agent, or both, in the State of am familiar with and accept the obligati	2 and 607.1508, Florida Statu of Florida. Such change was ione of, Section 607.0505, Flo	tes, the above authorized by orida Statute	ve-named corp y the corporati s.	poration ion's boa	submits this statement for the part of directors. I hereby accept	purpose of changing t the appointment a	its registered s registered
agent. I	to the provisions of Sections 607.0502 tegistered agent, or both, in the State of am familiar with and accept the obligations of the section	ions of, Section 607.0505, Flo	orida Statute	ve-named corp the corporati s.	ion's boa	ard of directors. I hereby accep	purpose of changing the appointment a	its registered s registered
agent. I s SIGNATURE	signature, types of printed name of registered agent  Signature, types of printed name of registered agent	ions of Section 607.0505, Florand title if applicable. (NOTE	E: Registered Age	y <sub>i</sub> tne corporati s. 	ed when rein	instating) (2005)	t the appointment a	s registered
agent. I age	Signature, types of printed name of registeries agent  OFFICERS AND	ions of Section 607.0505, Florand title if applicable. (NOTE	E: Registered Age	y The Corporati	ed when rein	ard of directors. I hereby accep	t the appointment a	eregistered  79  CTORS IN 12
agent. I age	Signature, typer of printed name of registered agent  OFFICERS AND  CARLISLE, EARL	ions of Section 607.0505, Florand title if applicable. (NOTE	E: Registered Age 13. 1.1 TITLE 1.2 NAME	y the corporati	ed when rein	instating) (2005)	t the appointment a  /-/8-  DATE FICERS AND DIRECT	eregistered  79  CTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, types of printed name of registered agent  OFFICERS AND  CARLISLE, EARL  6630 EASTWOOD ACRES RD	ions of Section 607.0505, Florand title if applicable. (NOTE	E: Registered Age 13. 1.1 TITLE 1.2 NAME	y the corporati	ed when rein	instating) (2005)	t the appointment a  /-/8-  DATE FICERS AND DIRECT	eregistered  79  CTORS IN 12
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3 agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types of printed name of registered agent  OFFICERS AND  CARLISLE, EARL  6630 EASTWOOD ACRES RD	ions of Section 607.0505, Florand title if applicable. (NOTE	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE	nt signature require	ed when rein	instating) (2005)	t the appointment a  /-/8-  DATE FICERS AND DIRECT	99 CTORS IN 12 ge ☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, types of printed name of registered agent  OFFICERS AND  CARLISLE, EARL  6630 EASTWOOD ACRES RD	and title if applicable. (NOTS)  D DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require	ed when rein	instating) (2005)	OATE  OATE  OCHURANIE (CERS AND DIREC	99 CTORS IN 12 ge ☐ Addition
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP