

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:11

DOCUMENT # S77071 (6)

1. Corporation Name

BARONE EQUIPMENT SALES COMPANY

Principal Place of Business

**2810 E LONG STREET
TAMPA FL 33605**

Mailing Address

**2810 E LONG STREET
TAMPA FL 33605**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21 4739 TRANSPORT DR.

2a. Mailing Address

26 4739 TRANSPORT DR.

Suite, Apt. #, etc.

22 BUILDING 5

Suite, Apt. #, etc.

27 BLDG. 5

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33605

Country

25 USA

Zip

29 33605

Country

30 USA

4. FEI Number

59-3089607

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

9. Name and Address of Current Registered Agent

**BARONE, JOHN
6607 GLENCOE DR
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PST
BARONE, JOHN
6607 GLENCOE DR
TEMPLE TERRACE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

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(1)(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 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, Change, or on an attachment with an address.

SIGNATURE: *John Barone* **JOHN BARONE**

APRIL 10, 1995

813-247-7574