


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

**FILED**  
**Feb 08, 1999 8:00 am**  
**Secretary of State**

02-08-1999 90037 024 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S95397</b>					
1. Corporation Name <b>J &amp; R EQUIPMENT, INC.</b>					
Principal Place of Business <b>102 STUART STREET P.O. BOX 2348 JACKSONVILLE FL 32203</b>			Mailing Address <b>102 STUART STREET P.O. BOX 2348 JACKSONVILLE FL 32203</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/20/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3093399	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>POPE, JAMES R. 102 STUART ST JACKSONVILLE FL 32203</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
85 Zip Code			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETED	1.1 TITLE	Change Addition	
NAME	POPE, JAMES R		1.2 NAME		
STREET ADDRESS	102 STUART ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	DELETED	2.1 TITLE	Change Addition	
NAME	GORDON, JEFFREY S.		2.2 NAME		
STREET ADDRESS	102 STUART ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		2.4 CITY-ST-ZIP		
TITLE	V	DELETED	3.1 TITLE	Change Addition	
NAME	TIGNER, CAROLE A.		3.2 NAME		
STREET ADDRESS	102 STUART ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32203		3.4 CITY-ST-ZIP		
TITLE		DELETED	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETED	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETED	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **1-6-99** **9043543708**  
Date Daytime Phone #

CR2E034 (11/98)