

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # S97493

(8)

Corporation Name
H.R. EQUIPMENT, INC.



Principal Place of Business
710 SOUTH FEDERAL HIGHWAY
STUART FL 34994

Mailing Address
710 SOUTH FEDERAL HIGHWAY
ATUART FL 34994-2937
US

3. Date Incorporated or Qualified
12/03/1991

3a. Date of Last Report
03/11/1996

4. FEI Number
65-0307462

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 264
Suite, Apt. #, etc.

22 City & State

27 ~~STUART~~
City & State

23 Zip Country

28 STUART FL
Zip Country
29 34995-264 30 USA

9. Name and Address of Current Registered Agent

HOWARD W. RICHARDS
710 SOUTH FEDERAL HWY.
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RICHARDS, HOWARD
STREET ADDRESS 700 SOUTH FEDERAL HWY
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE VST
NAME RICHARDS, GALE M
STREET ADDRESS 624 ST. LUCIE CRESCENT, #108
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS P.O. BOX 264
1.4 CITY-ST-ZIP STUART FL 34995 (N/A) ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS PO BOX 264
2.4 CITY-ST-ZIP STUART, FL 34995 (N/A) ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-97

561-288-2200

CP2E034 (9/96)