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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(1)

DOCUMENT #

SOUTHSIDE EQUIPMENT SALES, INC.

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Principal Place 3012 SOUT	of Business H JIM REDMAN PARKWAY	Mailing Address 3012 SOUTH JIM I	Mailing Address 3012 SOUTH JIM REDMAN PARKWAY				
PLANT CITY		PLANT CITY FL 33					
					3. Date Incorporated or Qualified 04/22/1992	3a. Date of 1	251 Record
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-3124846		Applied For
21		26			39-3 124040		Not Applicable
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 City & State 28		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
		<u> </u>			6. Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation has liability for		
24	25	29	30	•		s □No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Age	nl
				81 Name			
	ND, WILLIS S.			82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)	
	JIM REDMAN PARKWAY					·	
PLANT	CITY FL 33567			83			
				84 City		8	Zip Code
						FL ~	
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was author	rized by the c	corporation's boa	oration submits this statement for the pure of directors. I hereby accept the applications are submitted to the pure of the pu	pointment as regis	sterad agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (f	NOTE: Registered	Agent signature requir	ed when reinstating)	DATE	
12.	_ OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		ECTORS IN 12
TITLE	D	☐ DELETE	111	TLE		Ct	nange Addition
NAME	KIRKLAND, WILLIS S.	10.7	12 N/	AME			
STREET ADDRESS	3012 S. JIM REDMAN PKV	γγ.	1.3 ST	REET ADDRESS			
CITY - S1 - ZIP	PLANT CITY FL		1.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	2 1 1			Cr	ange 🔲 Addition
NAME			2 2 NA				
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NAME		U -	6.2 NA			_	
STREET ADDRESS				REET ADDRESS			
DITY OF 7/0				TV CT 3ID			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

(813)752 5032