

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 09 1996 8:00 am
Secretary of State

DOCUMENT # V45114 (8)

1. Corporation Name
HERNDON EQUIPMENT SERVICES, INC.



Principal Place of Business Mailing Address
17339 NEW BRANDY BRACH RD JACKSONVILLE FL 32234

3. Date Incorporated or Qualified **06/18/1992** 3a. Date of Last Report **09/19/1995**
4. FEI Number **59-3153311** 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 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BUSCH, ROBERT L ESQ.
17477 WEST BEAVER STREET
JACKSONVILLE FL 32234**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE _____ DELETE
NAME **DPV HERNDON, BILLIE G.**
STREET ADDRESS **849 CENTER ST**
CITY - ST - ZIP **BALDWIN FL**
TITLE _____ DELETE
NAME **ST HERNDON, BILLIE G.**
STREET ADDRESS **849 CENTER ST**
CITY - ST - ZIP **BALDWIN FL**
TITLE _____ DELETE
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____
TITLE _____ DELETE
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____
TITLE _____ DELETE
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE _____ Change Addition
12 NAME _____
13 STREET ADDRESS _____
14 CITY - ST - ZIP _____
21 TITLE _____ Change Addition
22 NAME _____
23 STREET ADDRESS _____
24 CITY - ST - ZIP _____
31 TITLE _____ Change Addition
32 NAME _____
33 STREET ADDRESS _____
34 CITY - ST - ZIP _____
41 TITLE _____ Change Addition
42 NAME _____
43 STREET ADDRESS _____
44 CITY - ST - ZIP _____
51 TITLE _____ Change Addition
52 NAME _____
53 STREET ADDRESS _____
54 CITY - ST - ZIP _____
61 TITLE _____ Change Addition
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(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Billie G Herndon* **Billie G Herndon** 6/27/96 904 266 9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)