

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38637

Entity Name: FLORIDA COAST EQUIPMENT, INC.**Current Principal Place of Business:**357 PIKE ROAD
WEST PALM BEACH, FL 33411**Current Mailing Address:**357 PIKE ROAD
WEST PALM BEACH, FL 33411 US**FEI Number:** 59-2490149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, DENNIS
357 PIKE ROAD
WEST PALM BEACH, FL 33411 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BACHMAN, JASON T
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	SECR
Name	DAVIS, KARLA
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	TREA
Name	DAVIS, KARLA
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	VP
Name	WATSON, JASON A
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	CEO
Name	DAVIS, DENNIS B
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

Title	CFO
Name	PURSELL, BRIAN L
Address	357 PIKE ROAD
City-State-Zip:	WEST PALM BEACH FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON T BACHMAN**PRES****01/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date