

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G50626** (2)

1. Corporation Name  
**TACO EQUIPMENT AND SALES, INC.**



Principal Place of Business Mailing Address  
C/O HARVEY L. STRICKLAND  
2673 SOUTH BYRON BUTLER PARKWAY  
PERRY FL 32347

3. Date Incorporated or Qualified <b>07/20/1983</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2312875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	29 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRICKLAND, HARVEY L. 2673 SOUTH BYRON BUTLER PARKWAY PERRY FL 32347				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STRICKLAND, JAMES M.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 5, BOX 93	1.2 NAME	
STREET ADDRESS	PERRY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD STRICKLAND, HARVEY L, JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 4, BOX 22	2.2 NAME	
STREET ADDRESS	PERRY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD STRICKLAND, HARVEY L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 4, BOX 22	3.2 NAME	
STREET ADDRESS	PERRY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D STRICKLAND, MAVIS J.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 4, BOX 22	4.2 NAME	
STREET ADDRESS	PERRY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanette Strickland* *Jeanette Strickland* 4-29-96 904-594-5002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)