2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 21, 2005 08:00 AM **DOCUMENT # 340727 Secretary of State** 1. Entity Name K & H EQUIPMENT CO., INC. Principal Place of Business Mailing Address 2865 E. HIGHWAY 92 2865 E. HIGHWAY 92 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1267983 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDIN, JOHN T. Street Address (P.O. Box Number is Not Acceptable) 2865 E HWY 92 LAKELAND FL 33801 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DIGE ☐ Change Addition Delete NAME HARDIN, JOHN T NAME Unnoon236585 STREET ADDRESS 1428 EDGEWATER BEACH DR STREET ADDRESS 02/21/05-80022-022 150.00 CITY-ST-ZIP LAKELAND FL 33805 CITY-\$1-7IP ☐ Change TITLE ☐ Delete ☐ Addition NAME HARDIN, MARY G. 1428 EDGEWATER BEACH DR CIRRET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP MLE Delete ☐ Change ☐ Addition NAME NEME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP Change TITLE Delete ans Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete HILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS SIRELL ADDRESS CITY-ST-ZIP CHY-ST-ZIP DILE THE Delete Change Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an artisymment with an address, with all other like empowered.

STREET ADORESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DELLE BASES 24/1/05 863 6653144