2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State K44907 DOCUMENT # 1. Entity Name 03-24-2002 90005 004 ***150.00 AMERICAN OFFICE EQUIPMENT OF SOUTHWEST FLORIDA, INC. Mailing Address Principal Place of Business 17880 SILVER & HORST LANE P.O. BOX 236 ALVA FL 33920 ALVA FL 33920 3. Mailing Address 2. Principal Place of Business 17880 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. LANE Applied For City & State 4. FEI Number City & State 65-0083652 Not Applicable Country USA \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEGNER ALFRED D Street Address (P.O. Box Number is Not Acceptable) 17880 SILVER & HORST LANE ALVA FL 33920 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Addition ☐ Delete TITLE NAME KEENER, ALFRED D NAME STREET ADDRESS 17880 SILVER & HORST LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALVA FL 33920** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4.000 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINGED NAME OF SIGNING OFFICER OR DIRECTOR

FILED