

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90006 035 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # K99446**

1. Entity Name  
**RHINO EQUIPMENT CORPORATION**



**40005990**



01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2954853**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business  
**% SAMUEL R. SHAPRE  
1313 W. ZARRAGOSSA ST.  
PENSACOLA, FL 32501**

Mailing Address  
**% SAMUEL R. SHAPRE  
PO BOX 107  
PENSACOLA, FL 32591-0107 US**

2. Principal Place of Business - No P.O. Box #  
**Samuel R. Sharpe**

3. Mailing Address  
**Samuel R. Sharpe**

Suite, Apt. #, etc.  
**1313 W. Zarragossa St.**

Suite, Apt. #, etc.  
**P.O. Box 107**

City & State  
**Pensacola, Florida**

City & State  
**Pensacola, Florida**

Zip  
**32501**

Country  
**Escambia**

Zip  
**32591-0107**

Country  
**Escambia**

**6. Name and Address of Current Registered Agent**

**SHARPE, SAMUEL R.  
1313 W. ZARRAGOSSA ST.  
PENSACOLA, FL 32501**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHARPE, SAMUEL R.  
1313 W. ZARRAGOSSA ST.  
PENSACOLA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHARPE, CONSTANCE W.  
1313 W. ZARRAGOSSA ST.  
PENSACOLA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

**SIGNATURE: Constance W. Sharpe, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 8, 2008 (850) 433-2179**

Date

Daytime Phone #