2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# K99446

Entity Name: RHINO EQUIPMENT CORPORATION

Current Principal Place of Business:

% SAMUEL R. SHAPRE
1313 W. ZARRAGOSSA ST.
PENSACOLA, FL 32501

New Principal Place of Business:

% SAMUEL R. SHAPRE
1313 W. ZARRAGOSSA ST.
PENSACOLA, FL 32502

Current Mailing Address:

% SAMUEL R. SHAPRE
PO BOX 107
PENSACOLA, FL 325910107 US

New Mailing Address:

FEI Number: 59-2954853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHARPE, SAMUEL R.
1313 W, ZARRAGOSSA ST.
PENSACOLA, FL 32502 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: _____ 04/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHARPE, SAMUEL R.
Address: 1313 W. ZARRAGOSSA ST.
City-St-Zip: PENSACOLA, FL

Title: P ( ) Delete
Name: SHARPE, CONSTANCE W.
Address: 1313 W. ZARRAGOSSA ST.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHARPE, SAMUEL R.
Address: 1313 W. ZARRAGOSSA ST.
City-St-Zip: PENSACOLA, FL 32502

Title: P (X) Change ( ) Addition
Name: SHARPE, CONSTANCE W.
Address: 1313 W. ZARRAGOSSA ST.
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONSTANCE W. SHARPE PRES 04/18/2009
Electronic Signature of Signing Officer or Director — Date