FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64029 (5)

1. Corporation Name
R. K. ~~SUPPLIES~~ EQUIPMENT, INC.

Principal Place of Business	Mailing Address
C/O ROBERT KLEM, 14636 PLUMOSA DRIVE P.O. BOX 17363 JACKSONVILLE FL 32245	C/O ROBERT KLEM, 14636 PLUMOSA DRIVE P.O. BOX 17363 JACKSONVILLE FL 32245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6922 Distribution Ave. South	26 P.O. Box 17363
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl.	City & State 28
Zip 24 32256 Country 25 Duval	Zip 29 Country 30

4. FEI Number: 59-2867681 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEM, ROBERT
14636 PLUMOSA DR
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 [signature] 4/29/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE ☐ Change ☐ Addition
NAME	KLEM, ROBERT W.	1.2 NAME 700001484947
STREET ADDRESS	14636 PLUMOSA DR	1.3 STREET ADDRESS -05/12/95--01011--002
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP ****200.00 ****200.00
TITLE	DT	2.1 TITLE ☐ Change ☐ Addition
NAME	KLEM, INEZ R.	2.2 NAME
STREET ADDRESS	14636 PLUMOSA DR.	2.3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP
TITLE	VP	3.1 TITLE ☐ Change ☐ Addition
NAME	KLEM, ROBERT M.	3.2 NAME
STREET ADDRESS	11685 SANDS AVE/	3.3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP
TITLE	S	4.1 TITLE ☐ Change ☐ Addition
NAME	ALFORD, DEBORAH C.	4.2 NAME
STREET ADDRESS	1811 POWDER SPRINGS DRIVE	4.3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	4.4 CITY ST ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS JB 5/10
CITY ST ZIP		5.4 CITY ST ZIP
TITLE		6.1 TITLE ☐ Change ☐ 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)(i), 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: [signature] 4/29/95 (904) 292-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert W. Klem

0407433 FP