

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M64029 (5)

1. Corporation Name

R.K. EQUIPMENT, INC.



Principal Place of Business

6927 DISTRIBUTION AVE SOUTH
JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 17363
JACKSONVILLE FL 32245

3. Date Incorporated or Qualified
01/04/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEM, ROBERT
14636 PLUMOSA DR
JACKSONVILLE FL 32250

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 607.1508, 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 of officer or director, or registered agent, or both, if applicable

Signature of Registered Agent, if not the same as above

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KLEM, ROBERT W. | |
| STREET ADDRESS | 14636 PLUMOSA DR | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE |
| NAME | KLEM, INEZ R. | |
| STREET ADDRESS | 14636 PLUMOSA DR. | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | KLEM, ROBERT M. | |
| STREET ADDRESS | 11685 SANDS AVE/ | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ALFORD, DEBORAH C. | |
| STREET ADDRESS | 1811 POWDER SPRINGS DRIVE | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY - ST - ZIP | |
| 9. TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME | DVP |
| 11. STREET ADDRESS | |
| 12. CITY - ST - ZIP | |
| 13. TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 14. NAME | ST |
| 15. STREET ADDRESS | |
| 16. CITY - ST - ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 18. NAME | DVP |
| 19. STREET ADDRESS | KLEM, STEPHEN R. |
| 20. CITY - ST - ZIP | 2756 CORTES RD. |
| 21. TITLE | JACKSONVILLE, FL |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

(904)292-0339

CR2E034 (12/95)