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# FILED
# Feb 20, 2004 8:00 am
# Secretary of State

01-23-2004 90028 041 ***150.00

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## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133881

1. Entity Name
RHINO FENCE COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2256 WYATT STREET<br>PENSACOLA, FL 32514 | 2256 WYATT STREET<br>PENSACOLA, FL 32514 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01202004 Chg-P CR2E034 (10/03)

4. FEI Number ~~APPLIED FOR~~ 03-0498463 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STRICKLAND, JARED<br>2256 WYATT STREET<br>PENSACOLA, FL 32534 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>STRICKLAND, JARED C<br>2256 WYATT STREET<br>PENSACOLA, FL 32534<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>WORD, JOHN<br>3065 FLINTROCK DRIVE<br>PENSACOLA, FL 32534<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V-P<br>JUSTIN STRICKLAND<br>305 HONEYSUCKLE DRIVE<br>HAVANA, FLA. 32333<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1-20-04 850474-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #