

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # P94000029525 (0)**

1. Corporation Name

**RINE RV REFRIGERATION REPAIR, INC.**

Principal Place of Business

**4994 TROTT CIRCLE  
NORTH PORT FL 34287**

Mailing Address

**4994 TROTT CIRCLE  
NORTH PORT FL 34287**APPROVED  
AND  
FILED

MAR 1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1994**

3a. Date of Last Report

4. FEI Number

**65-0489676**

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. 198.03?

Florida Statutes

☐ Yes☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc

**22**

City &amp; State

**23**

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc

**27**

City &amp; State

**28**

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

**RINE, CHARLES  
4994 TROTT CIRCLE  
NORTH PORT FL 34287**

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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, typed or printed name of registered agent and filed applicant

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 as changed or as an addition with an address.

SIGNATURE:

**Charles M. Rine**  
CHARLES RINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REC'D 3/23/95 813-426-6206