2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000042117** JOHN'S EQUIPMENT, INC. 05-17-2000 90845 040 ***150.00 Principal Place of Business Mailing Address 8115 SOUTHERN BLVD. 8115 SOUTHERN BLVD. W. PALM BEACH FL 33411 W. PALM BEACH FL 33411-3782 934121 K KERNALAN KERBIK BABIK BABIK BABIK BABIK BABIK BABIK BABIK KABIR KABIR KABIR KABIR KABIR KABIR KABIR KABIR KAB 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0506957 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIXENBAUGH, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1618 MAYPOP ROAD W. PALM BEACH FL 33415 Zip Code FL 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. SIGNATURE . (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HIXENBAUGH, JOHN R NAME NAME STREET ADDRESS 1618 MAYPOP RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIT) F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 underjoath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED PLANE OF SIGNING OFFICER OR DIRECTOR

3/21/99 Day 961 - 7635 Daytime Phone #