2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000076404 1. Entity Name 01-22-2008 90058 041 ***150.00 AIR O QUIP CORP. Principal Place of Business Mailing Address 250 JASMINE ROAD P.O. BOX 180308 CASSELBERRY, FL 32718 CASSELBERRY, FL 32718 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3347980 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURD, TERRY Street Address (P.O. Box Number is Not Acceptable) 250 JASMINE ROAD CASSELBERRY, FL 32718 250 JASMINE 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 registated agent SIGNATURE agent and title if applicable NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition **BURD, TERRY** NAME NAME STREET ADDRESS 250 JASMINE ROAD STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME BURD, CAROLINE G STREET ADDRESS 250 JASMINE RD STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BURD, JESSE H NAME NAME 250 JASMINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CADENA, TERESA A NAME NAME 250 JASMINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-\$1-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FILED

Jan 22, 2008 8:00 am