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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000096233 (8)**

1. Corporation Name
REW EQUIPMENT, INC.

Principal Place of Business	Mailing Address
304 EAST COLONIAL DRIVE ORLANDO FL 32801	304 EAST COLONIAL DRIVE ORLANDO FL 32801

3. Date Incorporated or Qualified: 12/20/1995
3a. Date of Last Report: Not Applicable

2. Principal Place of Business
21: 130 Crooked Oak Rd
22: Suite, Apt. #, etc.
23: City & State: Chuluota, Florida
24: Zip: 32766
25: Country: Seminole

2a. Mailing Address
26: 130 Crooked Oak Rd
27: Suite, Apt. #, etc.
28: City & State: Chuluota, Florida
29: Zip: 32766
30: Country: Seminole

4. FEI Number: 59-3354783 060412 ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RODGERS, JOHN W
304 EAST COLONIAL DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Robert E. Wolframe
82 Street Address (P.O. Box Number is Not Acceptable): 130 Crooked Oak Rd
83:
84 City: Chuluota FL 85 Zip Code: 32766

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: Robert E. Wolframe — DATE: 4-15-96
Signature, typed or printed name of registered agent, and title if agent is a corporation. (Note: Registered Agent's signature required when changing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODGERS, JOHN W 304 EAST COLONIAL DRIVE ORLANDO FL 32801	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Robert E. Wolframe 130 Crooked Oak Rd Chuluota, Fl 32766	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary/Treasurer Judy A. Wolframe 130 Crooked Oak Rd Chuluota, Fl 32766	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Robert E. Wolframe — 4-15-96 — 407-366 5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert E. Wolframe, President