

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003530

**Entity Name:** EQUIP STUDIO, INC.

**Current Principal Place of Business:**

140 W. EVANS ST.  
STE:203  
FLORENCE, SC 29501

**Current Mailing Address:**

P.O. BOX 2296  
FLORENCE, SC 29502 US

**FEI Number:** 57-0723466

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KEY, R. SIMS JR.  
Address        245 N. MAIN ST.,  
City-State-Zip: GREENVILLE SC 29601

Title            TREASURER  
Name            GIBBES, SAUNDERS  
Address        140 W. EVANS ST.  
STE:203  
City-State-Zip: FLORENCE SC 29501

Title            SECRETARY  
Name            TROYER, DWIGHT  
Address        140 W. EVANS ST.  
STE:203  
City-State-Zip: FLORENCE SC 29501

Title            DIRECTOR  
Name            KEY , RANDOLPH SIMS JR.  
Address        19 WILTON ST  
City-State-Zip: GREENVILLE SC 29601

Title            OFFICE MANAGER  
Name            MCCUTCHEON, JADA T  
Address        140 W. EVANS ST.  
STE:203  
City-State-Zip: FLORENCE SC 29501

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JADA T. MCCUTCHEON

**OFFICE MANAGER**

**01/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date