FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 am Secretary of State **DOCUMENT #** 524708 1. Entity Name 04-18-2002 90460 041 ***150 00 RALPH MYRICK TRUCK BROKER INC. Mailing Address Principal Place of Business 851 NE 8TH CT 851 NE 8TH CT PO BOX 2091 PO BOX 2091 POMPANO BCH FL 33061 POMPANO BCH FL 33061 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1721968 City & State Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYRICK. EDWARD L. MYRICK, EDWARD L. Street Address (P.O. Box Number is Not Acceptable) OFFICE 21, FLA STATE FARMERS MARKET OFFICE 115 FLA STATE FARMERS MARKET POMPANO BEACH FL 33061 Zip Code 33069 City POMPANO BEACH 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MYRICK, RICHARD W NAME STREET ADDRESS 2112 NE 60TH ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE DTS NAME MYRICK, JERRY C NAME STREET ADDRESS 851 NE 8TH COURT STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 00000 CITY-ST-ZIP ☐,Change_ - □ Delete TITLE TITLE: NAME MYRICK, EDWARD NAME STREET ADDRESS STREET ADDRESS 4430 NE 8TH COURT CITY-ST-ZIP POMPANO BCH, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. Thereby certify that the information supplied with this filling 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 under oath; that I am an officer or director of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter of the corporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered changed, or on an attachment with a