## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **F98000003073** Jun 09, 2000 8:00 am **Secretary of State** ARNING INDUSTRIES INC. 06-09-2000 90013 031 \*\*\*550.00 Mailing Address Principal Place of Business PO BOX F PO BOX F CASSVILLE MO 65625 CASSVILLE MO 65625-0906 1100044J4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 43-1287060 Not Applicable \$8.75 Additional Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition Delete TITLE TITLE NAME NAME STOCKTON, RANDY STREET ADDRESS STREET ADDRESS 11TH STREET & COUNTRY FARM ROAD CITY-ST-ZIP CITY-ST-ZIP CASSVILLE MO ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME ATKINSON, KENYON STREET ADDRESS STREET ADDRESS 11TH STREET & COUNTRY FARM ROAD CITY-ST-ZIP CITY-ST-ZIP CASSVILLE MO Delete ☐ Change ☐ Addition TITLE TITLE Rowden, Tammy NAME NAME JOHNSON, TAMMY STREET ADDRESS STREET ADDRESS 11TH STREET & COUNTRY FARM ROAD CITY-ST-ZIP CITY-ST-ZIP CASSVILLE MO ☐ Change ☐ Addition ☐ Delete TITLE TITLE CD NAME NAME ARNING, FRED STREET ADDRESS STREET ADDRESS 11TH STREET & COUNTRY FARM ROAD CITY-ST-ZIP CITY-ST-ZIP CASSVILLE MO ☐ Change ☐ Addition Delete TITLE TITLE ARNING, ANNEECE NAME NAME STREET ADDRESS STREET ADDRESS 11TH STREET & COUNTRY FARM ROAD CITY-ST-ZIP CITY-ST-ZIP CASSVILLE MO ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR