2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # F9900004239 Jul 19, 2000 8:00 am Secretary of State STUCKEY ENTERPRISES 1996, INC. 07-19-2000 90018 028 ***550 00 Principal Place of Business Mailing Address 220 THIRD AVENUE 220 THIRD AVENUE EASTMAN GA 31023 EASTMAN GA 31023 2. Principal Place of Business 3. Mailing Address <u>P. O. Box 126</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE I-95 & A1A City & State City & State 4. FEI Number Applied For APPLIED FOR Yulee, FL. 59-3591876 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32097 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE CR2E034 (5/00) Delete TITLE ☐ Change ☐ Addition FRANKLIN, LYNDA S NAME NAME 220 THIRD AVENUE STREET ADDRESS STREET ADDRESS EASTMAN GA 31023 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition GIDDENS, TODD D NAME 220 THIRD AVENUE STREET ADDRESS STREET ADDRESS EASTMAN GA 31023 CITY-ST-ZIP CITY-ST-ZIP , 🔲 Addition TITLE ☐ Delete TITLE Change Franklin, R. Dean NAME NAME STREET ADDRESS 220 THIRD AVENUE STREET ADDRESS CITY-ST-ZIP EASTMAN GA 31023 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/ F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 supplies ental report is true and accorde 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 of transfer empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if