2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Mar 11, 2008 8:00 am **Secretary of State DOCUMENT # P07000071948** 03-11-2008 90015 027 ***150.00 1. Entity Name GRADY SMITH DISTRIBUTION COMPANY INC. Principal Place of Business Mailing Address 5077 PEANUT RD. 5077 PEANUT RD. GRACEVILLE, FL 32440 GRACEVILLE, FL 32440 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01142008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For =056-401 3 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, GRADY A Street Address (P.O. Box Number is Not Acceptable) 5077 PEANUT RD. GRACEVILLE, FL 32440 Zip Code City FL 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIR TITLE ☐ Delete TITLE ☐ Change Addition | SMITH, GRADY A NAME NAME 5077 PEANUT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete DUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP Addition ☐ Delete TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIBE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED