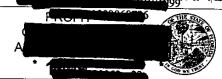
AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000427 1. Corporation Name

3001, INC.

Principal	Place of	of Business

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90053 022 ***150.00



1		walling Address					
PO BOX 2179 SULPHUR LA		PO BOX 2179 SULPHUR LA 70664-2179					
1					DO NOT WRIT	E IN THIS SPACE	•
					Date Incorporated or Qualified		
2 (2-1-1-1	Discourse CD				01/26/1995		
├ ── '	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26				72-0748100	} —∔	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$R 7	5 Additional	
27			5. Certifcate of Status Desired		Required		
City & Sta	nte	City & State		6. Election Campaign Financing			
23		28		Trust Fund Contribution		May Be	
Zip	Country	Zip	Countr	у	8. This corporation owes the currer		d to rees
24	25	29	30		Personal Property Tax.	it year intangible ☐ Yes	Μ̈́No
	9. Name and Address of Curren	nt Registered Agent	-		10. Name and Address of New Re		TATINO
6.0	•		81	Name	10. Name and Address of New Re	gistered Agent	
	LPS, RODGER D.						
	5 SW 2ND AVE STE 3C		82	Street A	ddress (P.O. Box Number is Not Acceptable	ie)	
GAI	NESVILLE FL 32607	•			A SHE LESSON BALLEY, WHELE THERE	Wit of the thirt the second as	7150 (1848 59 41 15 81
			83	3	· · · · · · · · · · · · · · · · · · ·		
			84	City			
, -			-	1,			Code " "
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the abov	e-named co	orporation submits this statement for the pu ation's board of directors. I hereby accept to	rnose of changing i	te registered
agent. I a	m familiar with and account the obligation	of Florida. Such change was au	Ithorized by	the corpora	ation's board of directors. I hereby accept t	he appointment as	registered
		tions of Section 607.0505./Elbri	ida Statiftor				
SIGNATURE	RONDING TO	tions of, Section 607.0505, Flori	ida Statutes	·. <i>†</i>	, 15	00	
SIGNATURE	_/Coxxuerues_	- F1E	Sae	иT	1-13-	99	
SIGNATURE	Signature, typed of printed name of registered agen	nt and title if applicable. (NOTE:	SAP Registered Age	иT	uired when reinstating)	DATE DATE	
SIGNATURE	_/Coxxuerues_	nt and title if applicable. (NOTE: 9	Registered Age	иT	ulred when reinstating)	99 DATE CERS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed of printed name of registrated agen OFFICERS ANI	nt and title if applicable. (NOTE:	Registered Ages 13. 1.1 TITLE	иT	uired when reinstating)	DATE DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed printed name of registried agen OFFICERS ANI CP PHELPS, ROGER D	nt and title if applicable. (NOTE: 9	Registered Agei 13. 1.1 TITLE 1.2 NAME	nt signature requ	ulred when reinstating)	99 DATE CERS AND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed printed name of registried agen OFFICERS ANI CP PHELPS, ROGER D 600 CITIES SERVICE HWY.	nt and title if applicable. (NOTE: 9	Registered Agents 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	ulred when reinstating)	99 DATE CERS AND DIRECT	ORS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

625-8353