FILED Sep 10, 2001 8:00 am Secretary of State
00 10 2001 00056 042 ***550 00

DOCUMENT # P0000073139 1. Entity Name CARTER-VAUGHAN TRUCKING, INC.					Sep 10, 2001 8:00 am Secretary of State 09-10-2001 90056 042 ***550.00			
Principal Place of Business 10771 JAVA DR JACKSONVILLE FL 32246		Mailing Address 10771 JAVA DR JACKSONVILLE FL 32246						
2. Principal Place of Business		3. Mailing Address			1 10 11 12 13 14 15 15 15 15 15 15 15	46411 1866 1710 1766		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59 366 5249		oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
· · · · · ·	6. Name and Address of Current	Registered Agent		7. l	Name and Address of New Register	· · · · · · · · · · · · · · · · · · ·	u	
				Name				
10771 JA	, JANICE M AVA DR NVILLE FL 32246		Street Addr	ess (P.O. E	Box Number is Not Acceptable)			
			City		1	FL Zip Code	e	
9. This corporate filing	e named entity submits this statement for signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOTE: I	Registered Agent signature re ! FEE IS \$550.00 2001 Fee will be \$	equired when re		\$5.0	0 May Be	
11.	OFFICERS AND		12.		L DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CARTER, LAWRENCE G 10771 JAVA DR JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CEO 4 (F104)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, LAWRENCE G 10771 JAVA DR JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	41. 12		☐ Change	Addition	è
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CARTER, JANICE M 10771 JAVA DR JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIESSEE, FREDRICK 10790 JAVA DR JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

CITY-ST-ZIP 13. 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 early direction of the corporation of the receiver of trustee empowered.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2001 UNIFORM BUSINESS REPORT (UBR) P00000073139

☐ Change

Addition