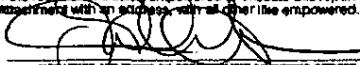


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000073139					
1. Entity Name CARTER-VAUGHAN TRUCKING, INC.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3885249	
Zip		Country		Applied For: ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, JANICE M 10771 JAVA DR JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent is required to sign when submitting.) DATE _____					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PCEO	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CARTER, LAWRENCE G			NAME	
STREET ADDRESS	10771 JAVA DR			STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 32246			CITY-STATE-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CARTER, LAWRENCE G			NAME	
STREET ADDRESS	10771 JAVA DR			STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 32246			CITY-STATE-ZIP	
TITLE	VSTD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CARTER, JANICE M			NAME	
STREET ADDRESS	10771 JAVA DR			STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 32246			CITY-STATE-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ANDRIESSEE, FREDRICK			NAME	
STREET ADDRESS	10790 JAVA DR			STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL			CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 registrant; or I have been empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an appointment with an address, with all other like empowered.					
SIGNATURE: 		4-24-03		6/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR REGISTRANT		Date		Expiry Period	

CH2E034 (10/02)