2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 150637 May 22, 2000 8:00 am 1. Entity Name Secretary of State SOUTHERN TRUCK BODY CORPORATION 05-22-2000 90036 021 ***150.00 Principal Place of Business Mailing Address 3924 SPRUCE STREET 3924 SPRUCE STREET TAMPA FLA 33607-2441 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0570204 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEEBLES JERRY W Street Address (P.O. Box Number is Not Acceptable) 3924 SPRUCE ST **TAMPA FL 33607** Zip Code 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. SIGNATURE . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITL F OVERFIELD, RANDALL NAME NAME 3924 SPRUCE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Change ☐ Addition DVST ☐ Delete TITLE PEEBLES, MARY L NAME NAME 3924 SPRUCE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition TITLE ☐ Delete TITLE PEEBLES, JERRY NAME NAME STREET ADDRESS 3924 SPRUCE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** [] Change ☐ Addition **EVP** ☐ Delete TITLE TITLE PEEBLES, MARY L NAME NAME STREET ADDRESS 3924 SPRUCE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** Change Addition TITLE Delete TITLE OVERFIELD, RANDALL NAME NAME 3924 SPRUCE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 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 an address, with all other like empowered.

SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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813-879-8110