FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2002 8:00 am Secretary of State 228402 DOCUMENT # 1. Entity Name PENINSULAR WAREHOUSE COMPANY, INC. 01-14-2002 90064 029 \*\*\*150 00 Principal Place of Business Mailing Address J R O'DELL J R O'DELL 1610 INDUSTRIAL BLVD 1610: INDUSTRIAL BLVD JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0873670 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'DELL, J RUSSELL Street Address (P.O. Box Number is Not Acceptable) 237 ADAMS LANE Lane **ORANGE PARK FL 32073** City Zip Code Orange Park マスひゅろ 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. Signature, typed or printed name of registered agent and title if applicable. DATE - . . . (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE Change Addition ODELL, J R SR NAME NAME 237 ADAMS LANE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ENGLISH, SHERROD O. NAME NAME 9721 CHESTERFIELD DR STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 0 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE WHELESS, W. V. NAME NAME 139 CANOVA RD STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE O'DELL, J W NAME NAME 2978 INDIAN HILL DR STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 0 CITY-ST-ZIP CITY-ST-7IP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ODELL, J. R. JR NAME NAME 9556 PICKWICK DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachment with an address, y

Chairman