2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90093 004 ***150.00

DOCUMENT # 408786

1. Entity Name

S & R TRANSPORT, INC.

Principal Place of Business	Mailing Address
122 E. TILLMAN AVE. P. O. DRAWER 840 LAKE WALES FL 33859-7840	122 E. TILLMAN AVE. P. O. DRAWER 840 LAKE WALES FL 33859-0840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1441077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON RONALD C 122 E TILLMAN AVE LAKE WALES FL 33853	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCOLLUM, R. CARL 726 WILDABON AVE. LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST MCCOLLUM, R. CARL 122 E TILLMAN AVE LAKE WALES FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAHNA, JAMES A 122 E TILLMAN AVE LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEESLER, ALLEN J. JR 122 E TILLMAN AVE LAKE WALES FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JOHNSON, RONALD C 122 E TILLMAN AVE. LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, RONALD C 122 E TILLMAN AVE LAKE WALES FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JAHNA, EMIL R 122 E TILLMAN AVE LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JAHNA, JAMES A 122 E TILLMAN AVE LAKE WALES FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E034 (9/99)

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] 4-25-00 863 676 9431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R CARL MCCOLLUM