2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 595938

1. Entity Name
MOTRIM SOUTH, INC.

Principal Place of Business	Mailing Address
80 LILLIAN SPRINGS ROAD QUINCY, FL 32351 US	240 STEUBENVILLE AVE P.O. BOX 827 CAMBRIDGE, OH 43725

DO NOT WRITE IN THIS SPACE

03112006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1879503	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CARTNER, JACK O
220 TIMBERLANE RD
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

7. 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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000476051
04/05/06-80041-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARTNER, JACK O
STREET ADDRESS	220 TIMBERLANE RD
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   JACK O. CARTNER 3/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #