

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 692054

**FILED**  
**Nov 07, 2012**  
**Secretary of State**

**Entity Name:** PAT SALMON & SONS OF FLORIDA, INC.

**Current Principal Place of Business:**

1509 PICKETTEVILLE ROAD  
JACKSONVILLE,, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15070 GMF  
NO. LITTLE ROCK, AR 72231

**New Mailing Address:**

**FEI Number:** 71-0549347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:** KATHERINE LACKEY, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALMON, DON G  
**Address:** 3809 ROUNDTOP ROAD  
**City-St-Zip:** NORTH LITTLE ROCK, AR 72117

**Title:** S/T  
**Name:** SALMON, TOM R  
**Address:** 3809 ROUNDTOP ROAD  
**City-St-Zip:** NORTH LITTLE ROCK, AR 72117

**Title:** VP  
**Name:** SALMON, JIM  
**Address:** 3809 ROUNDTOP ROAD  
**City-St-Zip:** NORTH LITTLE ROCK, AR 72117

**Title:** CAO  
**Name:** HULL, JANICE  
**Address:** 3809 ROUNDTOP ROAD  
**City-St-Zip:** NORTH LITTLE ROCK, AR 72117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JIM SALMON

VP

11/07/2012

Electronic Signature of Signing Officer or Director

Date