2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 822578** GEORGIA CRATE & BASKET CO., INC. 02-01-2001 90010 010 ***150.00 Principal Place of Business Mailing Address BOX 46-PARNELL ST. BOX 46-PARNELL ST. THOMASVILLE GA 31799-0046 THOMASVILLE GA 31799-0046 AIVILL 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 58-0255590 Not Applicable Zip:-- -- . . ----⇒ Country Zip-Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNON, DAVID Street Address (P.O. Box Number is Not Acceptable) RUDOLPH PARROTT ROAD CROSS CITY FL 32628 City 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 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 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, 2001 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 12. CR2E034 (10/00) TITLE ☐ Delete TITLE PD X Change ☐ Addition NAME JONES, BOLLING, III Bolling Jones, IV STREET ADDRESS 200 E. PINETREE STREET ADDRESS 3700 Lower Cairo Road CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA 31792 Thomasville, Georgia TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMPSON, HOWARD R NAME STREET ADDRESS PATTERSON STILL ROAD STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31792 CITY-ST-ZIP TITLE ☐ Delete ---- 🔲 Change ☐ Addition NAME fletcher, ellis e. NAME STREET ADDRESS C/O PARNELL ST., BOX 46 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE, GA 00000 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

Ellis E. Fletcher 229-226-2541 NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #