2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # 839837 1. Entity Name 03-25-2002 90005 044 ***150.00 DANZEY OIL AND TIRE COMPANY Mailing Address Principal Place of Business 1021 N BELL ST PO BOX 1646 DOTHAN AL 36303 DOTHAN AL 36302 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 63-0387060 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYAN, W.W. Street Address (P.O. Box Number is Not Acceptable) 1217 COTTON ST **GRACEVILLE FL 32440** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete MARAE NAME BUNTIN, KATHERINE K. STREET ADDRESS STREET ADDRESS 3402 BROOKSIDE DR CITY-ST-ZIP CITY-ST-ZIP **DOTHAN AL** ☐ Addition ☐ Change Delete TITLE TITLE NAME KENNEDY, BENNIE D NAME STREET ADDRESS STREET ADDRESS 106 MARTHA AVE CITY-ST-ZIP CITY-ST-7IP DOTHAN AL ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME **BUNTIN, THOMAS E III** STREET ADDRESS STREET ADDRESS 3402 BROOKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Delete TITLE Change ☐ Addition SD NAME KENNEDY, BENNIE D. NAME STREET ADDRESS STREET ADDRESS 106 MARTHA AVE CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

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FILED