2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

6/9

06-09-2003 90111 019 ***150.00
06-27-2003 90047 049 ***400.00

DOCUMENT # F00000001062

1. Entity Name
WOODRUFF TRUCKING, INC.

Principal Place of Business
PO BOX 15070
LITTLE ROCK AR 72231-5550

Mailing Address
PO BOX 15070
LITTLE ROCK AR 72231-5550

10108701

[redacted]

2. Principal Place of Business
1509 Pickettville Roak
Suite, Apt. #, etc.

3. Mailing Address
P O Box 15070
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: Jacksonville, Florida
Zip: 32220 Country: Devaul

City & State: Little Rock, Arkansas
Zip: 72331 Country: Pulaski

4. FEI Number 58-2245814 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EDDINS, RUSSELL
4615 SPRING GLEN ROAD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name: Danny McMillan
Street Address (P.O. Box Number is Not Acceptable): 3424 NW County Road 225
City: Lawtey, Florida FL Zip Code: 32058

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Danny H McMillan
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALMON, DON G 3809 ROUNDTOP RD NORTH LITTLE ROCK AR 72117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALMON, TOM R 3809 ROUNDTOP RD NORTH LITTLE ROCK AR-72117 ☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REMOVED Sec/Treas. 4-3-04 501 945-0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #