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

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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/9

DOCUMENT # F00000001062

1. Entity Name
WOODRUFF TRUCKING, INC.

10108701

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

Mailing Address
PO BOX 15070
LITTLE ROCK AR 72231-5550

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1509 Pickettville Roak	P O Box 15070
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Little Rock, Arkansas
Zip: 32220 / Country: Devaul	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 David 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
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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 REQUIRED) Sec/Treas. 4-3-04 501 945-0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #