2002 UNIFORM BUSINESS REPORT (UBR),

an address, with all other

SIGNATURE:

empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2002 8:00 am Secretary of State DOCUMENT # F00000002710 05-06-2002 90027 005 ***150.00 1. Entity Name LE. SMITH SERVICES, INC. Principal Place of Business Mailing Address 1425 L E JACKSON STREET P.O. BOX 1142 THOMASVILLE GA 31792 88183 THOMASVILLE GA 31799 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 58-2480869 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. KEELE, WAYNE Street Address (P.O. Box Number is Not Acceptable) 3080 JAMEY RD. TALLAHASSÉE FL 32303 City Zip Code 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition (9/01 NAME SMITH, LARRY E NAME STREET ADDRESS 885 STAGECOACH RD: STREET ADDRESS CITY-ST-7IP PELHAM GA 31779 CITY-ST-ZIP TITI F Delete ☐ Change ■ Addition NAME MCKINNON, STEVE NAME STREET ADDRESS 206 W. ANN ST. STREET ADDRESS CITY-ST-ZIP VALDOSTA GA 31801 CITY-ST-ZIP TITLE Delete= Change - Addition NAME SMITH, GLORIA -STREET ADDRESS 885 STAGECOACH RD. STREET ADDRESS CITY-ST-ZIP PELHAM GA_31779 CITY-ST-ZIP TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS City-St-ZIF 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 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered or on an attachment with an address with all other tible empowered.

FILED