2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # F83599** 1. Entity Name **BOBIN TRUCKING, INC.** 01-20-2000 90114 033 ***150.00 Mailing Address Principal Place of Business 1415 OLD WOODVILLE RD P. O. BOX 6515 CRAWFORDVILLE FL 32327 TALLAHASSEE FL 32314-6515 803218 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2195554 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, EDDIE C Street Address (P.O. Box Number is Not Acceptable) 752 WOODVILLE, RD RT 4 BOX 6736 CRAWFORDVILLE FL 32327 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, 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 After MAY 1, 2000 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. ☐ Addition ☐ Change TITLE ☐ Delete TITLE JONES EDDIE C. NAME NAME STREET ADDRESS STREET ADDRESS 752 WOODVILLE RD. CITY-ST-ZIP CITY-ST-ZIP CRAWFODVILLE FL Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TİTLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLĖ TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 chapter 607 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INATURE AND TYPED ON PRINTIPO NAME OF SIGNING OFFICER ON DIRECTOR

1-13-80

850-421-7252

Daytime Phone #