2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 2004 8:00 am **Secretary of State** DOCUMENT # F93000001733 01-12-2004 90008 019 ***150.00 FUEL SOUTH EXPRESS, INC. Principal Place of Business Mailing Address 2020 HARRIS RD. P. O. BOX 2149 WAYCROSS, GA 31502 WAYCROSS, GA 31502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-2020677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURGESS, GRANVILLE Street Address (P.O. Box Number is Not Acceptable) 303 CENTRE STREET STF 200 FERNANDINA BCH., FL 32034 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE TITLE Jones, Patrick STD 1615 Seminole Springs Rd JONES, JAMES C III NAME NAME STREET ADDRESS RT. #2 BOX 300F STREET ADDRESS WAYCROSS, GA 31501 CITY-ST-ZIP CITY-ST-ZIP Waycross GA ☐ Delete TITLE ☐ Change ☐ Addition TITLE JONES, PATRICK NAME STREET ADDRESS 1615 SEMINOLE SPRINGS RD. STREET ADDRESS CITY-ST-7IP WAYCROSS, GA CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE JONES, J C JR NAME NAME STREET ADDRESS 505 BENT TREE RD. STREET ADDRESS CITY-ST-ZIP BLACKSHEAR, GA 31516 CITY-ST-ZIP 1 ☐ Dolete TITLE ☐ Change ☐ Addition WALKER, JAMES A JR NAME NAME 217 RIVER OAKS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLACKSHEAR, GA 31516 Addition ☐ Change TITLE Delete TITLE WYSONG, PHIL NAME NAME STREET ADDRESS 1304 ST. MARYS DR. STREET ADDRESS CITY-ST-ZIP WAYCROSS, GA 31501 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 10 or Block 11 if

James A. Walker Jr.

FILED

(912)285-4011