2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 04, 2002 8:00 am Secretary of State DOCUMENT # F9600002426 02-04-2002 90109 001 ***150.00 JOHANSON TRANSPORTATION SERVICE, INC. Principal Place of Business Mailing Address ~00000 1726 KINGSLEY AVE 1726 KINGSLEY AVE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 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 94-2165765 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 ROSS, RICK Street Address (P.O. Box Number is Not Acceptable) 1726 KINGSLEY AVE ORANGE PARK FL 32073 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (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 After May 1, 2002 Fee will be \$550.00 Tax-filing-requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition ☐ Delete JOHANSON, LARRY P NAME NAME STREET ADDRESS 3032 E CENTRAL STREET ADDRESS FRESNO CA CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change JOHANSON, HOWARD E NAME NAME 7150 SW HAMPTON STE 232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORTLAND OR CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change SPICER, JANICE STREET ADDRESS 3032 E CENTRAL STREET ADDRESS CITY-ST-ZIP FRESNO CA CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHANSON, RICHARD NAME NAME 3032 E CENTRAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRESNO CA CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP equipped of TITLE Delete TITLE ☐ Change Addition Year and large and safe soo JOHNHOOM, HOWERS E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplied entail 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 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 changed, or on an attachment will an address, with all other like empowered.

FILED