2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F98000005053** May 05, 2000 8:00 am Secretary of State SUTTLES TRUCK LEASING INC. 05-05-2000 90070 024 ***150.00 Principal Place of Business Mailing Address P.O. BOX 129 P.O. BOX 129 **DEMOPOLIS AL 36732-0129 DEMOPOLIS AL 36732** 727354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0796441 Not Applicable \$8.75 Additional = Zip Country 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDRIX, CLIFF Street Address (P.O. Box Number is Not Acceptable) 1827 TRANSMITTEN RD PANAMA CITY FL 32404 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. 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition Oelete TITLE TITLE NAME SUTTLES, JAMES H NAME STREET ADDRESS STREET ADDRESS 2460 HWY 43 S. CITY-ST-ZIP CITY-ST-7IP **DEMOPOLIS AL 36732** ☐ Change Addition Delete TITLE SUTTLES, JAMES R NAME STREET ADDRESS STREET ADDRESS 2460 HWY 43 S. CITY-ST-7IP CITY-ST-ZIP **DEMOPOLIS AL 36732** ☐ Addition Change DT ☐ Delete TITLE SUTTLES, TIM NAME NAME STREET ADDRESS 2460 HWY 43 S. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DEMOPOLIS AL 36732** Change ☐ Addition TITLE ☐ Delete TITLE OVERSTREET, GEORGE NAME STREET ADDRESS STREET ADDRESS 2460 HWY 43 S. CITY-ST-ZIP CITY-ST-ZIP **DEMOPOLIS AL 36732** TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE: