FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jul 23, 2002 8:00 am Secrétary of State DOCUMENT # G90806 1. Entity Name 07-23-2002 90324 047 ***550 00 ODELL GOOGE TRUCKING. INC. Principal Place of Business Mailing Address 1954 NW 33 STREET 4540 NW 49TH CT. POMPANO BEACH FL 33064 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address 54 nw te. Aot: #. etc DO NOT WRITE IN THIS SPACE City State City & State Applied For 59-1540174 roconu Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUGSPURGER, JENNIFER L. ESQ. et Address (P.O Box Number is Not Accer 7301 W PALMETTO PARK ROAD # 101A **BOCA RATON FL 33433-3455** 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 FILE NOW!!! FEE IS \$550.00 49. 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 1٦. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GOOGE, THOMAS W NAME NAME 4540 NW 49TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, ANTHONY W NAME STREET ADDRESS 5851 HOLMBERG ROAD # 1713 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete -TITLE ---TITLE. Change - Addition NAME NAME MCCALLISTER, DAVID STREET ADDRESS STREET ADDRESS 1954 NW 33RD STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition

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 trystee 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 a address, with all other like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19 200 2 6/6-120.