2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J74624 Apr 28, 2000 8:00 am Secretary of State BROWN BARGE SERVICE, INC. 04-28-2000 90460 001 *1,650.00 Mailing Address Principal Place of Business 40 AUDUSSON AVENUE 40 AUDUSSON AVENUE PENSACOLA FL 32507-2426 PENSACOLA FL 32507-2426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2863388 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, WARREN T. Street Address (P.O. Box Number is Not Acceptable) 40 AUDUSSON AVE P. O. BOX 12950 (ZIP 35276-2950) PENSACOLA FL 32507 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) DATE 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 OFFICERS AND DIRECTORS 12. 11. PD Delete ☐ Change ☐ Addition TITLE TITI F BROWN, W.T. NAME NAME 1700 OSCEOLA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE THE BRYAN, GARY W. NAME NAME 4920 RUGBY COURT STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change BROWN, S.J. NAME NAME STREET ADDRESS 600 GAMARRA RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE BYRAN, STEVEN M. NAME NAME 7614 N POINTE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

850-453-3471

Daytime Phone #

CHZEU34 (9/2