2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/3

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-11-2005 90056 022 ****50.00

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1. Entity Name

FLORIDA-GEORGIA TRANSPORT, LLC

Principal Place of Business	Mailing Address
184 COMFORT ROAD PALATKA FL 32177	184 COMFORT ROAD PALATKA FL 32177

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1446377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COPLEY, RICK J 184 COMFORT ROAD PALATKA FL 32177	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Rick J Copley 3-7-05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Managing

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS/CHANGES
TITLE Managing Member NAME H. Grayson Mitchell, Jr. STREET ADDRESS 215 Old Farm Road CITY-ST-ZIP Roanoke Rapids, NC 27870 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Managing Member NAME John R. Rawls STREET ADDRESS 17486 Old Belfield Road CITY-ST-ZIP Capron, Va. 23829 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME Kenneth B. Mitchell Managing Member STREET ADDRESS 105 Beech Tree Lane CITY-ST-ZIP Emporia, Va. 23847 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Managing Member NAME Rick J. Copley STREET ADDRESS 8315 Riding Club Rd CITY-ST-ZIP Jacksonville, FL. 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: H. Grayson Mitchell, Jr. 3-3-05 434-634-9159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Everyone is a Managing Member