2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

ECRETARY OF STATE DOCUMENT # L32857 DIVISION OF CORPORATIONS 1. Entity Name FARRIS TRUCKING, INC. 04 NOV 24 AM 8: 00 Principal Place of Business Mailing Address C/O HARRY FARRIS 4602 HWY 273 C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 P.O. BOX 232 GRACEVILLE, FL 32440 GRACEVILLE, FL 32440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09022004 Cha-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 59-3011138 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRIS, HARRY Street Address (P.O. Box Number is Not Acceptable) 4602 HWY 273 GRACEVILLE, FL 32440 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. I am familiar with, and accept the obligations of registered agent. 200043000242 11/24/04--01048--007 **\*\***61.25 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE D. Moodu FARRIS, HARRY NAME NAME DELETE 320 Royers lane 4602 HWY 273 STREET ADDRESS STREET ADDRESS GRACEVILLE, FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Danny J. Spires FARRIS, LÜCRETIA NAME NAME DEUTTE STREET ADDRESS 4602 HWY 273 STREET ADDRESS GRACEVILLE, FL CITY-ST-ZIP 32446 CITY-ST-7IP CEO TITLE ☐ Delete TITLE ☐ Change Addition Dewey H. Whisen hunt 545 Cailey St FARRIS, JODY E NAME NAME STREET ADDRESS 4622 HWY 273. --STREET ADDRESS GRACEVILLE, FL 32440 CITY-ST-ZIP CITY-ST-ZIP THTLE □ Delete TITLE ☐ Change M Addition lly Todd Caudill 16 Crooms Rood WARD, KEVIN R NAME NAME 1177 1ST AVENUE STREET ADDRESS STREET ADDRESS 32431 CITY-ST-ZIP GRACEVILLE, FL 3/2440 CITY-ST-ZIP Delete TITLE Change Addition TITLE LANE, JESSE T Robert E 1232 S COL NAME Taylor NAME STREET ADDRESS 4381 HWY 77 STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-7IP Detete TITLE ☐ Change Addition TITLE JORDAN, VICKI L NAME NAME T. Pearson Terry T. Pearson 2460 Cile Lane 429 WOLFPEN ROAD STREET ADDRESS STREET ADDRESS SLOCOMB, AL 36375 CITY-ST-ZIP CITY-ST-7iP the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information visignature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver of trustee empowered to execute this report as required by Chapte indicated on this report or supplement of the corporation or the receiver of tru changed, or on an attachment with an an address, with all other like empowered. SIGNATURE:

attackment only

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DOCUMENT # L32857  1. Entity Name FARRIS TRUCKING, INC.							U				
Principal Plac	2 HWY 2	273									
P.O. BOX 232 GRACEVILLE, FL 32440  P.O. BOX 232 GRACEVILLE, FL 32440			)								
2. Principal P	flace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				09022004	Chg-P	CR2E	034 (10/03)	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State .*				4. FEI Numbe 59-301			No	plied For t Applicable	
Zip	Country	Zip Count		гу	5. Certificate of Status De-			Fee Required			
	6. Name and Address of Current	Name		7. Name and	Address of New R	legistered .	Agent				
FARRIS, HARRY — — — — — — — — — — — 4602 HWY 273 GRACEVILLE, FL 32440					ss (P.	O. Box Numbe	er is Not Acceptable	= -	<u></u>	A1	
0,0,02,,,			City					FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registere     the obligations of registered agent.					sterec	d agent, or bot	h, in the State of Flo			and accept	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.	OFFICERS AND	DIRECTORS	11.	1. 7		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME			TITLE	Ye	<sup>2</sup> 0 N	d. K.	Brown		Change	Addition	
STREET ADDRESS	4602 NWY 273			T ADDRESS	Ž.	Blille	Brown 23				
CITY-ST-ZIP TITLE	514 (52 4) (22, 12		TITLE	ST-ZIP Y	T VI	lone H	1 32445	•	☐ Change	Addition	
NAME	FARRIS, LUCRETIA		NAME								
STREET ADDRESS CITY-ST-ZIP	,			T ADDRESS ST-ZIP							
TITLE NAME			TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4622 HWY 273 ST			T ADDRESS ST-ZIP		<u>.</u>				·	
TITLE NAME	V WARD, KEVIN R	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS	1177 1ST AVENUE	\	STREE	T ADDRESS						Ì	
CITY-ST-ZIP TITLE	GRACEVILLE, FL/32440	Delete	CITY-	ST-ZIP					☐ Change	Addition	
NAME	_ANE, JESSET NAI		NAME						onungo		
STREET ADDRESS CITY-ST-ZIP			- 6	T ADDRESS ST-ZIP							
TITLE	AS /	Delete III							☐ Change	☐ Addition	
NAME STREET ADDRESS	JORDAN, VICKI L 429 WOLFPEN ROAD			T ADDRESS							
CITY-ST-ZIP	SŁOCOMB, AL 36375	this filing does not muslify for		ST-ZIP	o Coot	ion 110 07/91/	i) Florida Statutas	I further on	rtify that the in	formation	
12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date											