2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 26, 2005 8:00 am Secretary of State DOCUMENT # L32857 04-26-2005 90182 038 ***150.00 1. Entity Name FARRIS TRUCKING, INC. 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. CR2E034 (10/03) 04022005 Chg-P City & State City & State 4. FEI Number Applied For 59-3011138 Not Applicable Zip Country Zip 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 City 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. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Change Addition TITLE ☐ Delete FARRIS, HARRY NAME NAME 4602 HWY 273 STREET ADDRESS STREET ADDRESS GRACEVILLE, FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE FARRIS, LUCRETIA NAME NAME Taylor STREET ADDRESS 4602 HWY 273 STREET ADDRESS K Micolm CITY+ST-7IP CITY-ST-7IP GRACEVILLE, FL CEO Change Delete TITLE ★ Addition TITLE FARRIS, JODY E NAME STREET ADDRESS 4622 HWY 273 STREET ADDRESS City-St-ZiP GRACEVILLE, FL 32440 CITY-ST-7IP De lete Addition TITLE TITLE Change Gene WARD, KEVIN R MARKE NAME 15 Woody Marion 1177 1ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIF Addition Change Delete TITLE TITLE LANE, JESSE T NAME STREET ADDRESS 4381 HWY 77 STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIP De lete TITLE TITL F AS Change ☐ Addition JORDAN, VICKI L NAME STREET ADDRESS 429 WOLFPEN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SLOCOMB, AL 36375 12. 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 supplied entail 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

powered.

OFFICER OR DIRECTOR

FILED

2005 attachment Orly 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #L32857 03-18-2004 90001 027 ***150.00 1. Entity Name FARRIS TRUCKING. ATTACHMENT 20048063 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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FFI Number 59-3011138 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent FARRIS, HARRY Street Address (P.O. Box Number is Not Acceptable) 4602 HWY 273 GRACEVILLE, FL 32440 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☐ Change Addition TITLE TITLE FARRIS, HARRY NAME NAME STREET ADDRESS 4602 HWY 273 STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL CITY-ST-ZIP Addition ☐ Delete C12000 TITLE FARRIS, LUCRETIA NAME MAME STREET ADDRESS 4602 HWY 273 STREET ADDRESS GRACEVILLE, FL CITY-ST-ZIP CITY - ST - ZIP Addition CEO TITLE Delete TITLE FARRIS, JODY E NAME NAME STREET ADDRESS 4622·HWY·273~~ ~~ STREET ADDPESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZP 32440 ☐ Delete TITLE Change ■ Addition TITLE WARD, KEVIN R NAME NAME STREET ADDRESS STREET ADDRESS 1177 1ST AVENUE CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE, FL 32440 ☐ Change ☐ Addition TITLE D Deleta LANE, JESSE T NAME MALIF STREET ADDRESS STREET ADDRESS 4381 HWY 77 CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIP TITLE Deleta ☐ Change Addition JORDAN, VICKI L NAME MAME STREET ADDRESS 429 WOLFPEN ROAD STREET ADDRESS SLOCOMB, AL 36375 CITY-ST-ZIP 12. 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 that receiper or flustee 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.

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Adobbed SonATTACHMENTOS attachment only 2004 FOR PROFIT CORPORATION
ANNUAL REPORT DOCUMENT # (32857 FARRIS TRUCKING LINC Principal Place of Business Mailing Address C/O HARRY FARRIS 4602 HWY 273 C/O HARRY FARRIS 4602 HWY 273 20048063 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 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3011138 Not Applicable Zin Country Zip 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 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 800040970878 09/10/04--01069--012 **61. Signature, typed or printed name of registered agent and tibe if applicable (NOTE: Registered Agent alignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. ☐ Delete TITLE TITLE ☐ Addition NAME FARRIS, HARRY MARIE 4602 HWY 273 STREET ADDRESS STREET ADDRESS ባሪ GRACEVILLE, FL CITY-ST-7P CITY-ST-719 Grange ☐ Delete TITLE MLE FARRIS, LUCRETIA MASSE NAME STREET ADDRESS 4602 HWY 273 STREET ADDRESS GRACÉVILLE, FL CITY-ST-ZIP CITY-SI-ZIP CEO TITLE ☐ Delete TITLE FARRIS, JODY E NAME HAME STREET ADDRESS 4622 HWY 273 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE, FL 32440 ☐ Daleta TITLE TITLE Augilla WARD, KEVIN R NA LEC NAME STREET ADDRESS 1177 IST AVENUE STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIP ☐ Delete Change Addition TITLE LANE, JESSE T NAME NAME 4381 HWY 77 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRACÈVILLE, FL 32440 CITY - ST-7IP Addition Detete TITLE ☐ Change me JORDAN, VICKI L NAME NAME **429 WOLFPEN ROAD** STREET ADDRESS STREET ADORESS SLOCOMB, AL 36375 CITY-ST-ZIP 12. Thereby 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 receivery fusice 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 attachingular that address, with all other lind empowered.

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DOCUMENT # L32857 1. Entity Name FARRIS TRUCKING, INC.				ATTACHAME AND CO
Principal Place	e of Business A	failing Address		20048063
C/O HARRY FARRIS 4602 HWY 273 C/O HARRY FARRIS 4602 HWY 273			WY 273	
P.O. BOX 237 GRACEVILLE,		P.O. BOX 232 Graceville, Fl. 32440		
2 Principal P	Tace of Business 3.	Mailing Address		
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Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		09022004 Chg-P CR2E034 (10/03)
City & State City & State		City & State		4. FEI Number Applied For 59-3011138 Not Applicable
Zip	Country	Zip C	Country	5. Contificate of Status Desired. \$8.75 Additional
	6. Name and Address of Current Regi	stered Agent		Fee Required 7. Name and Address of New Registered Agent
			Name	
FARRIS, F			Street A	Address (P.O. Box Number is Not Acceptable)
	LLE, FL 32440		ļ	
			L	
			City	FL Zip Code
		purpose of changing its regi	stered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. 2004300242 11/24/0401048007 **61.25				
SIGNATURE.	Signature, typed or printed name of registered egent and till	a il annitrativa (SMITE: Bac	internal Accord signate	11/24/141-011040-100(FRO1.25
	Species, 1990 or principles of the species of the s	T (NOTE IN		- Contract of the contract of
Am	nendod AR is \$81.25	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees
10.	OFFICERS AND DIRE	CTORS / >	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	FARRIS, HARRY	7/	TITLE NAME	Maurice A. Moody DELETE Addition
STREET ADDRESS	4602 HWY 273		STREET ADDRESS	2320 ROUTS DONG JELETE
CITY-ST-ZIP	GRACEVILLE, FL		CITY-ST-ZIP	Cotton cate F1 321431-1891
TITLE	D CONTRACTOR	/ / Delete	MILE	Change Addition
NAME STREET ADDRESS	FARRIS, LUCRETIA 4602 HWY 273	1	NAME STREET ADDRESS	Danny DEUTE DEUTE
CITY-ST-ZIP	GRACEVILLE, FL	<i>,</i>	CITY-ST-ZIP	Mariana FI 3246
TITLE	CEO	Delete	TITLE	Chance Produiton
NAME	FARRIS, JODY E		NAME CTREET ACCRECE	SINCE OF LETE
- STREET ALIGNESS - CITY - ST - ZIP	4622 HWY.273 GRACEVILLE, FL 32440	- 1	STREET ADDRESS .	GONOTTE 9 32440
TITLE	V	☐ Delete	TITLE	Change Madilian
NAME	WARD, KEVIN R	\	NAME	18illy lade caught / OKO
STREET ADDRESS	1177 1ST AVENUE	`\	STREET ADDRESS CITY-ST-ZIP	Cotton dale Fl 32431
CITY-ST-ZP	GRACEVILLE, FL 32440	70		<u> </u>
TITLE NAME	LANE, JESSE T	Deteta	TITLE NAME	Robert ETaylor "OKa
STREET ADDRESS	4381 HWY 77		STREET ADDRESS	1232 S COUNTY ROLLY
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP	Taylor Al 36301
TITLE	AS JORDAN, VICKI L	☐ Detete	TITLE NAME	Change DAAddillon
NAME STREET ADDRESS	429 WOLFPEN ROAD	j	STREET ADDRESS	Terry T. Hearson OF FITE
CITY-ST-ZF	SLOCOMB, AL 36375	1	CITY-ST-ZIP	2460' Cile Lane Ducto
The state of the s				
12. Thereby certify that the information supplied with this kind does not quality to the sent place in dicated on this report or supplied with this kind does not quality to the sent place in dicated on this report or supplied with this true and eccurate 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 rulatee empowered to execute this feport 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.				
W. At 11 (have whole are 212 Mag				
SIGNATURE: HULLIA W HULL 1118/04 850-263-427				

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