2003 FOR PROFIT CORPORATION "UNIFORM BUSINESS REPORT (UBR)

L32857 DOCUMENT#

1. Entity Name

FARRIS TRUCKING, INC.



FILED
Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90104 040 ***150.00

SIGNATURE Signature, lyses or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floride Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D FARRIS, HARRY STREET ADDRESS OCTY-ST-2P TITLE ORANGE FARRIS, LUCRETIA STREET ADDRESS OCTY-ST-2P TITLE ORANGE STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCTY-ST-2P TITLE ORANGE STREET ADDRESS OCTY-ST-2P TITLE ORANGE STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCTY-ST-2P TITLE OCT STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCTY-ST-2P OCT STREET ADDRESS OCT ST-2P OCT STRET	Principal Plac C/O HARRY F/ P.O. BOX 232 GRACEVILLE FI	ARRIS 4602 HWY 273	Mailing Address C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE FL 32440									
City & State Ci	2. Principal P	lace of Business	3. Mailing	3. Mailing Address								
Zip Country Zip Country 5:-Centricate of Status Desired	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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FARRIS, HARRY 4602 HWY 273 GRACEVILLE FL 32440 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or poth, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the colligations of	Zip -	Country	Zip	Zip Cour			y 5. Certificate of Status Desired					
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6. 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 acc the obligations of registered agent. Signature					1							
B. The above named entity submits this statement for the purpose of changing its registered agem, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typad or prieted name of implified agent and the if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS CITY-ST-2P GRACEVILLE FL ITILE Delete NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete ITILE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME SIREET ADDRESS	GRACEVILL	E FL 32440										
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reflectly being that the information supplied with this hing 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 frustee empowered to exertify 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: