| 7 7 11   | PROFIT<br>RPORATION   | FLORIDA DEPAR  | TMENT OF STATE   |   |  |
|--|---|--|--|---|--|
|  | UAL REPORT  | 14 14 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                 | Mortham y of State   |   |  |
|  | 1996  |  | ORPORATIONS  |   |  |
| DOCU<br>1. Corporation   | MENT # M684   | 51 (7)   |  |   |  |
| FLOW   | ERS TRANSPORTATION, I   | NC.  |  | 158:03   110 0110   121  - 0:00: 0:10   | i liði Gjáli þiði Graf Graf Grafi Bráfi Gráfi þaði   |
| Principal Plac   | ce of Business  | Mailing Address  |  |   |  |
| RT 5 BOX 90<br>LIVE OAK FL   |   | ROUTE 5 BOX 95<br>LIVE OAK FL 32060                                      |  |   |  |
| US   |   |  |  | 3. Date Incorporated or Qualifie 02/10/1988                                       |  |
| 2. Principal F   | Place of Business   | 2a. Mailing Address 26 SANC  |  | 4. FEI Nuniber  | 04/18/1995<br>Applied For  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  | 59-2880188 5. Certilicate of Status Desired                                       | Not Applicable \$8.75 Additional   |
| City & Stat  | Daje PS,  | City & State   |  | 6. Election Campaign Financing  | Fee Required  \$5.00 May Be  |
| Zip Country  |   |  |  | Trust Fund Contribution   | Added to Fees  |
| 4 330  | 9. Name and Address of Curr   | 29   | 30   | 8. This corporation has liab lity for<br>Florida Statutes                         | Yes 🔽 No   |
|  | OWERS, JOHN I., SR.   | ent negistered Agent   | 81 Name  | 10. Name and Address of New F   | Registered Agent   |
|  | OUTE 5 BOX 95<br>TE OAK FL 32060  |  | 82 Street Add  | HIII E<br>dress (P.O. Box Number is Not Accepta                                   | able)  |
| Li t   | E OAR FL 32000  |  | 83   |   |  |
|  |   |  | 84 City  |   | <b>85</b> Zip Code   |
|  |   |  |  |   |  |
| 11. Pursuant office or r   | to the provisions of Sections 607.06<br>egistered agent, or both, in the Sta                                  | 502 and 607,1908, Florida Statutes<br>te of Florida, Such change was aul |  | poration submits this statement for the ion's board of directors. Thereby appe    |  |
| 11. Pursuant<br>office or r<br>agent I a<br>SIGNATURE  |   |  |  | poration submits this statement for the<br>ion's board of directors. Thereby acce |  |
|  | Signature, type for princt name of registered a   |  |  | arad when resoluting)   | purpose of changing its registered pt the appointment as registered  |
| SIGNATURE  12.  TITLE  | Signature, type for principalities of registered a OFFICERS A   | agent and the diapplicable (NOTE   | the above-named corporated by the corporated Statules  Figure Agent squatee reputation 13.   |   | purpose of changing its registered pt the appointment as registered  |
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| SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS A  D FLOWERS, JOHN I., SR. ROUTE 5 BOX 95 LIVE OAK FL  | agent and the diacept value (NOTE<br>NND DIRECTORS DELETE                | the above-named corporate by the corporate Statules  Fit godered Agent signature responsible 13.  11 T-ILE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIF   | arad when resoluting)   | purpose of changing its registered pt the appointment as registered  OAITE   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TIBLE  | OFFICERS A  D FLOWERS, JOHN I., SR. ROUTE 5 BOX 95 LIVE OAK FL  | agent a et tille if acpticable (NOTE<br>AND DIRECTORS                    | the above-named corplands above-named corplands Statutes  Fit general Agent signature responses to 13.  11 T-LLF 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE   | arad when resoluting)   | purpose of changing its registered pt the appointment as registered  |
| SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME   | OFFICERS A  D FLOWERS, JOHN I., SR. ROUTE 5 BOX 95 LIVE OAK FL  D FLOWERS, LOIS L. ROUTE 5 BOX 95             | agent and the disciplination (NOTE)  ND DIRECTORS  DELETE                | the above-named corporate by the corporate Statules  Fit godered Agent signature responsible 13.  11 T-ILE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIF   | arad when resoluting)   | purpose of changing its registered pt the appointment as registered  DAILE  Change Addition  |
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