FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000013631 1. Entity Name HILLTOP ACRES TRANSPORTATION SERVICES, INC. 05-01-2001 90095 013 ***150.00 Principal Place of Business Mailing Address 261 WEE ACRES RD. 261 WEE ACRES RD. DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 362 8897 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOKE, ROBERT A JR. Street Address (P.O. Box Number is Not Acceptable) 261 Wee Acres Road -201-CHICAGO AVE: -VALPARAISO FL: 32580 35,439g DeFuniak Springs 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 Robert A. Hoke Jr. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. XX Change CR2E034 (10/00) TITLE ☐ Delete HOKE, ROBERT A JR. NAME 261 Wee Acres Road STREET ADDRESS 201 CHICAGO AVE. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DeFuniak Springs, FL 32433 VALPARAISO FL 32580 XXchance Addition TITLS ☐ Delete TITLE HOKE, EDNA T NAME NAME 261 Wee Acres Road STREET ADDRESS STREET ADDRESS 201 CHICAGO AVE. DeFuniak Springs, FL 32433 CITY-ST-ZIP CITY-ST-7:P VALPARAISO FL 32580 Addition Channe Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7I2 CITY-ST-ZIP

13. 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Hoke Jr.

(850) 892-0206