FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am Secretary of State P00000062487 **DOCUMENT #** 1. Entity Name 05-16-2002 90067 006 ***150 00 LINDSLEY TRUCKING, INC. Mailing Address Principal Place of Business POST OFFICE BOX 16952 4744 DERRICKSON COURT JACKSONVILLE FL 32245-6952 JACKSONVILLE FL 32210 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 36-4379474 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 3224 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUNDELIUS, RICHARD.A Street Address (P.O. Box Number is Not Acceptable) **4744 DERRICKSON COURT** JACKSONVILLE FL 32210 of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits the FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete CIRCLE South LUNDELIUS, RICHARD NAMÉ NAME 4744 DERRICKSON COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete LUNDELIUS, RICHARD NAME **4744 DERRICKSON COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 VICE Dresident TITLE TITLE PrestoN NAME - -NAME Robert J ALLSPICE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE **S**ecretary TITLE NAME r. Rebecca. NAME CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify or 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 about at 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 equired 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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lundeliu

4-24-02

904-778-7892