FOR PROFIT CORPORATION

FILED May 13, 2002 8:00 am

ONIFORM BUSINESS REPORT (UBN)					Secretary of State		
DOCUMENT # P00000068923 1. Entity Name					05-13-2002 90090 013		
Superior Topping & Hedging Inc							
	DO NOT WRITI	E IN THIS	SPAC	E	· · · · · · · · · · · · · · · · · · ·		
Polk	Place of Business County Florida	3. Mailing Address	ay Drive				
Suite, Apt. #, etc.			neoletec		DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State Haines Cit	ty, F1. 3	3844	4. FEI Number 59-3659187	Applied For Not Applicable	
Zip	Country	Zip	Count	гу		.75 Additional Required	
			'		7. Name and Address of Current Registered Ag	•	
DO NOT WRITE				Name James-BPratt-Sr			
					t Address (P.O. Box Number is Not Acceptable)		
	IN THIS SI	PACE	E		101 Fairway Drive		
				City Hai	nes City, FL	7,5 Code 33844	
8. The above	named entity submits this statement t	or the purpose of chang	ing its registere	d office or regist	tered agent, or both, in the State of Florida.		
	,				'		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature requir	ired when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended to Make Check Payable				\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director James B. Pratt Sr. 101 Fairway Dr			T ADDRESS ST-ZIP		;	
TITLE NAME STREET ADDRESS	Haines City, Fl. 336 Vice President/Direct James B. Pratt Jr.			T ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	101 Fairway Dr. Haines City, F1.3384 Secretary/Director	14	TITLE NAME	T ADDRESS			
CITY-ST-ZIP	Sheree <u>Pratt</u>			ST-ZIP	DO-NOT-WRITE		
TITLE	101 Fairway Dr. Haines City, Fl.33844				IN THIS SPACE		
NAME STREET ADDRESS	Treasurer/Director		NAME STREET	T ADDRESS		-	
CITY-ST-ZIP	Jean P. Pratt		CITY-S	ST-ZIP			
TITLE	101 Fairway Dr.		TITLE				
NAME Street address City-St-Zip	Haines City, Fl. 338	344	NAME STREET CITY-S	T ADDRESS ST-ZIP			
TITLE			TITLE				
NAME Street Address City-St-Zip			name Street City-s	ADDRESS IT-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

🦳 James B. Pratt Sr.

863-422-3720

Daytime Phone #