2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2003 8:00 am Secretary of State DOCUMENT # P0000089466 04-21-2003 90503 032 ***150.00 1. Entity Name GIL TRUCKING, INC. Principal Place of Business Mailing Address 4800 QUEENSBORO AVE. SOUTH 4800 QUEENSBORO AVE. SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 31-1692023 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUFF. GEORGE Street Address (P.O. Box Number is Not Acceptable) 4800 QUEENSBORO AVE. SOUTH ST. PETERSBURG FL 33711 8. The above named entity submits this statement for the purpose of changing its enjistered office or registered agent, or both, in the State of the obligations of registered agent. SIGNATURE registered agent and title if app Registered Agent signature required when reinstating) #FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ² After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Flees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:1 CR2E034 (10/02) TITLE ☐ Delete TITLE Addition LUFF, JR., GEORGE I NAME NAME 4800 QUEENSBORO AVE. SO. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Adclition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP