## 2004 FOR PROFIT CORPORATION

## FILED Apr 16, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DCCUN	MENT # P01000012	987			Seci	retary of State
1, Fility Name	AVIS LOGISTICS, INC.			****		
3031114 D1	AVIO 200101100, INC.			]		
Principal Place	of Business	Mailing Address		1		
420 LAKE SH	ORE DR.	420 LAKE SHORE DR.				
MADISON, FL	32340	MADISON, FL 32340		F 2 PROTECTION NO.	imment restricte boxes more will be	. 43m/
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DO NOT WRITE IN THIS SPACE				4. FEI Numb 59-369		Applied For Not Applicable
			and the second second	1	of Status Desired	\$8.75 Additional
	6. Name and Address of Current F	legistered Agent		1		fee Required
DAVIS III						
DAVIS, JUSTIN 420 LAKE SHORE DRIVE MADISON, FL 32340			DO NOT WRITE			
				IN THIS SPACE		
		a garantagan			Language de la companya de la compa	
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. I am familiar with, and accept the obligations of registered agent.						
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SIGNATURE_	Signature, lyped or priviled name of registered agent a	ind the if applicable. (NOTE: Registe	red Agent signature require	d when reinstating)	<u> </u>	DATE -
FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing \$5.00 May Be						15010
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.			ı. Li Adı	ded to Fees	04/16/04-6	.15619 80032-012 150.00
10.	OFFICERS AND	DIRECTORS				
NAME	DAVIS, JUSTIN					
STREET ADDRESS CITY-ST-ZIP	420 LAKE SHORE DR MADISON, FL 32340	·				· · · · · · · · · · · · · · · · · ·
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12. I hereby certify that the information supplied with this filling 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 outh; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachier with, an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: