FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90278 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122242

1. Entity Name
C C T TRUCKING, INC.

11032340

Principal Place of Business
RT 8, BOX 335
LAKE CITY, FL 32055

Mailing Address
RT 8, BOX 335
LAKE CITY, FL 32055

2. Principal Place of Business: RT 25 BOX 761
Suite, Apt. #, etc.
City & State: LAKE CITY FL
Zip: 32055 Country: COLUMBIA

3. Mailing Address: RT 25 BOX 761
Suite, Apt. #, etc.
City & State: LAKE CITY FL
Zip: 32055 Country: COLUMBIA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0538440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BULLARD, F. TIMOTHY
5324 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT - TREAS. / NAME: CHARLES CALVIN THOMAS / STREET ADDRESS: RT. 25 BOX 761 / CITY-ST-ZIP: LAKE CITY FL 32055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: Charles Calvin Thomas 4/29/03 386-752-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES CALVIN THOMAS