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Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90256 030 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012316

1. Entity Name
CANAVERAL BULK TERMINAL, INC.

11017771

Principal Place of Business	Mailing Address
20125 STATE RD 80 LOXAHATCHEE, FL 33470	20125 STATE RD 80 LOXAHATCHEE, FL 33470

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	6621 Wilbanks Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Knoxville, TN
Zip / Country	Zip: 37912 / Country

4. FEI Number: 51-0431498 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	D KLEIN, SAM W 5200 TOWN CENTER CIRCLE, STE. 302 BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/D Klein, Sam W. 5513 North Military Trail, Suite No.702 Boca Raton, FL 33496	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOMEU, ENRIQUE A 1000 SOUTHERN BLVD., STE. 300 WEST PALM BEACH, FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, BEN R 8940 GALL BLVD. ZEPHYRHILLS, FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP W.T. Phillips, Jr. 6621 Wilbanks Road Knoxville, TN 37912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, W.T. SR. 6621 WILBANKS RD. KNOXVILLE, TN 37912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, MICHAEL S 71 RIDGECREST RD. KENTFIELD, CA 94904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Klein, Michael S. PO Box 626 Corte Madera, CA 94976	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST VERGARA, CARLOS M 1000 SOUTHERN BLVD., STE. 300 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO/S/T J. Patrick McMullen 6621 Wilbanks Road Knoxville, TN 37912	☐ 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.

SIGNATURE W.T. Phillips, Sr. 4/24/03 865-688-8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #