

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2007  
Secretary of State**

DOCUMENT# P02000072074

Entity Name: BOB MCKEITHEN & SONS INC

**Current Principal Place of Business:**

412 CROSSWAY RD  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

412 CROSSWAY RD  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 03-0466618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCKEITHEN, RUSSELL A  
915 BLOXHAM CUTOFF RD  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RUSSELL A. MCKEITHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCKEITHEN, ROBERT A  
Address: PO BOX 910  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: V      ( ) Delete  
Name: MCKEITHEN, RUSSELL A  
Address: 915 BLOXHAM CUTOFF RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T      ( ) Delete  
Name: STORY, JAMES C  
Address: 10 NOAH CT.  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL A. MCKEITHEN

Electronic Signature of Signing Officer or Director

V

10/09/2007

Date