FILED Jul 11, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State P02000094709 DOCUMENT # 07-11-2003 90046 047 ***150.00 1. Entity Name RJR LOGISTICS, INC. Principal Place of Business Mailing Address PO BOX 13572 PO BOX 13572 EAST DUBLIN GA 31027 EAST DUBLIN GA 31027 2. Principal Place of Business P.O . 130 x 34 3. Mailing Addres Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Maron</u> SEIFTER, FRED Street Address (P.O. Box Number is Not Acceptable) 1707 OAK BRANCH CT **BRANDON FL 33511** City 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 registere pagent. ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing. \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. president Delete TITLE TITLE ☐ Addition OSBORN, ROSE A NAME NAME STREET ADDRESS 1420 PLANTATION CIRCLE STE 516 STREET ADDRESS East Dublin GA CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP 31021 vice President Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME ester Jay Osborn STREET ADDRESS STREET ADDRESS 8811 Ashman Rd CITY-ST-ZIP CITY-ST-ZIP verview, Fr. 33569 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eport is true and adcurate 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.

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THTUE .

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

July 09, 2003 225-841

Change

☐ Change

☐ Addition

☐ Addition

CB2F034 (4/03)