2008 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

Teldie Deas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 03, 2008 8:00 am Secretary of State ANNUAL REPORT 03-03-2008 90195 004 ***150.00 DOCUMENT # P03000076631 DEES DIESEL SERVICE, INC 40036743 Principal Place of Business Mailing Address RT 25, BOX 1277 378 NW WALDO ST LAKE CITY,, FL 32055 LAKE CITY,, FL 32055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt.#, etc. Suite, Apt. #, etc 02082008 Cho-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 20-0089498 Not Applicable Zip Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVIS, INC MAIN BLVD Street Address (P.O. Box Number is Not Acceptable) City 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 SATURE 38 889 Signature types of principle during of principle agent and little if applicable), a 30% CINOTE Register a Agent signature (enurse of principle agent and little if applicable), a 30% CINOTE Register a Agent signature (enurse of principle agent and little if applicable). \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Change ☐ Addition Delete DEES, JIMMIE NAME NAME STREET ADDRESS 378 NW WALDO ST STREET ADDRESS LAKE CITY, FL 32055 CITY-ST-ZIP CITY-ST-ZIP SEC ☐ Change TITLE ☐ Deiete ☐ Addition DEES, FREDDIE NAME NAME 378 NW WALDO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32055 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE Delete nne ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

FILED

2-20-08

Daytime Phone #