Sep 30, 2004 8:00 am Secretary of State 09-08-2004 90120 017 ***558.75

9/8/.

| DOCUMENT # P03000131001 1. Entity Name ANGUS AUTO TRANSPORT, INC. | | | | | | | | 09-08- | | 0120 017 * | |
|---|----------------|-----------------------|---|------------------------|-------------------------|--|--------------|---------------|-------------|-------------|---------------------------|
| Principal Place 8895 UNTRE PENSACOLA, | iner aveni | | Mailing Address 8895 UNTREINER AVE PENSACOLA, FL 3253 | | | | | | | | |
| 2. Principal P | terW | | | | | ۷۷و | | | | | |
| Suite, Apt. | #, etc. | | Suite. Apt. #, etc. | | | | _07022004 | Chg-P | CR2E | 034 (10/03) | |
| Penanda FL | | FL | PENSICO \ | A, FI | | 7 | 4) FEI Numbe | 37098 | 0 | | plied For t Applicable |
| 3253 | 52534 Escambia | | ^{z1} 3 2534 | ,3.A | | 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 | | | | | | | | | | | |
| BREWSIC | 3 6 | <u> </u> | iresa (F | P.O. Box Numb | er is Not Acceptab | le) | | | | | |
| PENSACO | LF4-F-G | 2034 | | | | | | , | | | |
| | | . | | | City | | | | F | 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 Fiorida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| FILE NOWIN FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 7. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | |
| 10, | | OFFICERS AND C | PIRECTORS | 11. | | | ADDITIONS | CHANGES TO OF | FICERS AN | | S IN 11 |
| TITLE NAME | D BREWIC | on, angus jr | ☐ Delete | TITLI NAM | | | | | | Change | Addition |
| STREET ADDRESS 8895 UNTREINER AVENUE OTY-ST-ZIP PENSACOLA, FL 32534 | | | | ETT ADDRESS -ST-70P | | | | | | | |
| TITLE | i i | | ☐ Delete | III | _ , | | | | | ☐ Change | Addition |
| NAME Street Adoress | | | | NAM Stre | ET ADORESS | | | | | | |
| CITY-ST-ZIP | ļ.,, | · | | -1- | -ST-ZIP | | | | | | |
| TITLE NAME | | | ☐ Delete | TITL | | | | | | Change | ☐ Addition |
| STREET ADORESS | , | and the second second | يعيدنه فدينيتن والمهيئين | • | EET ADORESS - ST-ZIP | | | | | | |
| IIITE: | 1 | | □ Delete | ΠIL | E | | | <u> </u> | · · · · · · | Change | Addition |
| STREET ADDRESS | <u> </u> | | <u>وت ی مصبح و اثار بینی مسیستند بار ب</u> | NAM STRI | ET ADDRESS~ | حر | | | | a | |
| CITY-ST-ZIP | - | | | → | -ST-ZIP | _ | | <u>-</u> | | | - Antalas |
| MAME | | | ☐ Delete | TITL MAM | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | | EET ADDRESS 1-ST-ZP | | | | | | |
| TITLE | <u> </u> | | ☐ Delete | TITL. | | | | | | ☐ Change | Addition |
| NAME CORES HONGES | | | | NA. | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | eet adoress (-st-zip | | | | | | |
| 12. Thereby certify that the information supplied with this filling 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 suppliemental 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 chapter 60 or an attachment with an address, with all other like empowered. | | | | | | | | | | | |
|] | | PARIS - | ~ Blen | to- | 1 | . , - | . <u>g</u> | 13/14 | 85 | 50-49 | 84-4571 |
| SIGNATURE: DEL DE BIGNATURE AMO FED ON PAINTED HAME OF BIGNANG OFFICER ON DESECTION DEL | | | | | | | | | | | |

Angus Brewton, Ir. / President



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 10, 2004

ANGUS AUTO TRANSPORT, INC. 8895 UNTREINER AVENUE PENSACOLA, FL 32534

Subject: ANGUS AUTO TRANSPORT, INC.

Reference Number:

P03000131001

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg ANNUAL REPORTS SECTION