2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000145880

Entity Name: CLAXTON TRACTOR SERVICE INC.

FILED Oct 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

85127 HARTS RD EAST YULEE, FL 32097

Current Mailing Address: New Mailing Address:

85127 HARTS RD EAST YULEE, FL 32097

FEI Number: 20-0454322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLAXTON, JOHN L 85127 HARTS RD EAST YULEE, FL 32097

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: JOHN L CLAXTON

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CLAXTON, JOHN L CLAXTON, JOHN L Name: Name: 85127 HARTS ROAD 85127 HARTS ROAD Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 US

Title: VΡ Title: VΡ () Delete (X) Change () Addition

CLAXTON, CONNIE L Name: CLAXTON, CONNIE L Name: 85127 HARTS ROAD EAST 85127 HARTS ROAD EAST Address: Address: YULEE, FL 32097 YULEE, FL 32097 US City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: KING, JAMES J Name: 85127 HARTS RD EAST Address: Address: City-St-Zip: City-St-Zip: YULEE, FL 32097 US

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.

VΡ SIGNATURE: CONNIE L CLAXTON 10/08/2009