2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 08:00 AM DOCUMENT # P07121 1. Entity Name **Secretary of State** L AND L OIL COMPANY Principal Place of Business Mailing Address P.O. BOX 1007 P.O. BOX 1007 TIFTON TIFTON GA GA 31793 31793 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0833586 Not Applicable Zip Country 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 LINDSEY, W.F. 901 LIVE OAK PLANTATION ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE 32301 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. 04/05/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE ☐ Detete ☐ Change ☐ Addition LINDSEY JOHN NAME STREET ADDRESS MELBA DRIVE STREET ADDRESS CITY-ST-ZIP TIFTON GACITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME LINDSEY, BOBBY (MRS.) NAME STREET ADDRESS MELBA DRIVE STREET ADDRESS CITY-ST-ZIF TIFTON GA CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME LINDSEY, W.F. (MRS.) NAME STREET ADDRESS 901 LIVE OAK PLANTATION STREET ADDRESS CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME LINDSEY, W.F. NAME STREET ADDRESS 901 LIVE OAK PLANTATION STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL, CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME LINDSEY WM. SCOTT LINDSEY WM. SCOTT STREET ADDRESS 1347 E. TENNESSEE ST. 1347 E. TENNESSEE ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 TALLAHASSEE FL32308 CITY-ST-ZIP TITLE PD TITLE ☐ Delete ☐ Addition Change NAME LINDSEY, BOBBY NAME STREET ADDRESS MELBA DRIVE STREET ADDRESS CITY-ST-ZIP TIFTON CITY-ST-7/8

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JO EDITH LINDSEY, D P.O. BOX 1007

TIFTON, GA 31793

ROBERT BURTON LINDSEY, DST 1347 EAST TENNESSEE STREET

TALLAHASSEE, FL 32308