2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am Secretary of State **DOCUMENT # P21297** 1. Entity Name TERRA FIRST, INC. 06-09-2000 90032 037 ***550.00 Mailing Address Principal Place of Business P.O. BOX 1259 P.O. BOX 1259 HWY 17 SO HWY 17 SO VERNON AL 35592 VERNON AL 35592-1259 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0913432 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, MELVIN Street Address (P.O. Box Number is Not Acceptable) 5551 DEERTRACKS TRAIL LAKELAND 33811 Zip Code City FL 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. 04/30/2000 DATE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Delete TITLE President MASON, JERRY NAME Thomas, Elmer 1528 HICKORY LANE STREET ADDRESS STREET ADDRESS 44080 Hwy 17 Vernon, <u>AL 35592</u> CITY-ST-ZIP COLUMBUS MS 39701 CITY-ST-7/P 🛛 Delete ☐ Change TITLE Vice-President TITLE THOMAS, ELMER NAME NAME Smith: Henry

★ Addition ★ Addition STREET ADDRESS **HWY 17 SO** STREET ADDRESS 3047 Beaver Creek Road CITY-ST-ZIP VERNON AL CITY-ST-ZIP Vernon, At 35592 SEC ☐ Change Addition Delete TITLE RUSHING, KATY NAME NAME 969 RUSHING RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILLPORT AL 35576 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change □ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

SKET OF PURIFIC PROPERTY OF DEPOT OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

04/30/2000

205-695-7161

Date

Daytime Phone #

CR2E034 (9/99)