2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P93000088722 FREIGHT MANAGEMENT SERVICES, INC. 04-18-2000 90235 017 ***158.75 Mailing Address Principal Place of Business 1971 W. LUMSDEN RD. /423 HS HWY 301 FL 33569 SUITE 362 BRANDON FL 33511-8820 3. Mailing Address 2. Principal Place of Business MMB DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3214170 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKINNEY, LARRY D Street Address (P.O. Box Number is Not Acceptable) 11315 MCMULLEN LOOP RIVERVIEW FL 33569 Zip Code City 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. SIGNATURE DATE 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition Delete TITLE TITLE MCKINNEY, LARRY D NAME STREET ADDRESS STREET ADDRESS 11315 MCMULLEN LOOP CITY-ST-7IP CITY-ST-ZIP RIVERVIEW FL 33569 Change ☐ Addition TITLE TITLE ☐ Delete MCKINNEY, PEGGY C. NAME NAME STREET ADDRESS 11315 MCMULLEN LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 VICE PRESIDENT - OPERATIONS Thange ☐ Delete Addition TITLE DUTOCK - NIMMONS NAME 111 Stonegate Way NAME STREET ADDRESS STREET ADDRESS Mableton, GA 30126 VICE PRESIDENT-OPERATIONS Change CITY-ST-ZIP CITY-ST-7IE ★ Addition ☐ Delete Keid NAME NAME 6261 Bent Pine Dr. APT 1020A STREET ADDRESS STREET ADDRESS Orlando Florida 32822 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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-oregine empowered.

PEGGY C

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/2/00

813-677-6004

Daytime Phone #