2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P95000018667** FANNIN TRUCKING, INC. 04-26-2001 90081 003 ***150.00 Principal Place of Business Mailing Address 4530 FANNY BASS LN. 4530 FANNY BASS LN. ST CLOUD FL 34772 ST CLOUD FL 34772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3298868 Not Applicable Zip Country Country Zip \$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 FANNIN, PAUL Street Address (P.O. Box Number is Not Acceptable) 4530 FANNY BASS LANE ST CLOUD FL 34772 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete THE ☐ Change ☐ Addition NAME FANNIN, PAUL NAME STREET ADDRESS 4530 FANNY BASS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34772 ☐ Delete THIE Charige ■ Addition FANNIN, EDNA NAME NAME STREET ADDRESS STREET ADDRESS 4530 FANNY BASS LANE CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34772 TITLF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY - S! - ZIP ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 lega! 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001

407-957-1889

Daytime Phone #

FILED

CR2E034 (10/00)