DOCUMENT # P95000048950 .

1. Entity Name

LEGEND INDUSTRIES, INC.

Principal Place of Business Mailing Address 5907 54TH AVE N 5907 54TH AVE N SUITE B SUITE B ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 US

FILED Apr 13, 2001 8:00 am Secretary of State

2. Principal Place of Business 3. Mailing A			ing Address			, TRANSPORT THE CRIME BUTTLE BOTTLE BOTTLE BOTTLE BOTTLE BOTTLE TOTAL TOTAL BOTTLE TRANSPORT				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. 1	FEI Number 59-3326769		 	oplied For ot Applicable		
Country	Žip	Country		5. (Certificate of Status Desired					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
ODELL, CARLOS 8468 7TH WAY N ST PETERSBURG FL 33702			Street Address (P.O. Box Number is Not Acceptable)							
			City			FI	Zip Cod	e		
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee			will be \$550.00		Trust Fund Contribution		Àddeo	O May Be to Fees		
OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS	3 IN 11		
, Carlos Th way n Tersburg Fl 33702	☐ Delete	NAME STRE	E Et address				☐ Change	Addition		
			ET ADDRESS				☐ Change	☐ Addition		
<u>.</u>	☐ Delete	NAME	ET ADDRESS				Change	☐ Addition		
	☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition		
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	NAN STR		ET AUDRESS				☐ Change	Addition		
	Country Ime and Address of Current F LOS AY N URG FL 33702 Intity submits this statement for ped or printed name of registered agent are aligible to satisfy its Intangible int and elects to do so. K) OFFICERS AND E CARLOS TH WAY N TERSBURG FL 33702	Suite, Apt. #, etc. City & State Country Zip Ime and Address of Current Registered Agent LOS AY N URG FL 33702 Initity submits this statement for the purpose of changing its ped or printed name of registered agent and title if applicable. (NOT aligible to satisfy its Intangible int and elects to do so. (K) OFFICERS AND DIRECTORS CARLOS TH WAY N TERSBURG FL 33702 Delete Delete Delete	Suite, Apt. #, etc. City & State Country Zip Country Zip Country Country Zip Country Zip Country Country Zip Country LOS AY N URG FL 33702 Intity submits this statement for the purpose of changing its registered agent and title if applicable. Ped or printed name of registered agent and title if applicable. Ped or printed name of registered agent and title if applicable. INOTE: Registered After MAY 1, 2001 Fee Make Check Payable to De Make Check Payable to De CARLOS TH WAY N TERSBURG FL 33702 Delete TITLE NAMI STRE CITY Del	Suite, Apt. #, etc. City & State Country Zip Country Image and Address of Current Registered Agent LOS AY N URG FL 33702 City Intity submits this statement for the purpose of changing its registered office or register ped or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature require ped or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature require ped or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature require ped or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature require Intity submits this statement for the purpose of changing its registered office or register (NOTE: Registered Agent signature require Intity submits this statement for the purpose of changing its registered office or register (NOTE: Registered Agent signature require Intity submits this statement for the purpose of changing its registered office or register Agent Address CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. Certificate of Status Desired 7. Name and Address of New Ri Name Street Address (P.O. Box Number is Not Acceptable) City Initis statement for the purpose of changing its registered Agent spiriture required agent, or both, in the State of Floring or orined rame of registered agent and stee if applicable. Whote Registered Agent spiriture required when releasing) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$\$50.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete TITLE NAME STREET ADDRESS CITY-ST-Zip TITLE NAME STREET ADDRESS C	Suite, Apt. #, etc. City & State City & State Country Country Do NOT WRITE IN THIS City & State Country Size Country To Country Country Size Country So Certificate of Status Desired Name Name Name Street Address of Current Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City File City File City File City File City File City File Country City File City	Suite, Apt. If, etc. City & State City & State Country Do NOT WRITE IN THIS SPACE Country Jip Country 5, Cartificate of Status Desired 88,75 Ad. Fee Require Fee Require LOS AY N URG FL 33702 City FL Zip Cod nitry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Cod nitry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Cod nitry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Cod nitry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Cod Name FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS TILE MAKE STREET ADDRESS CITY-ST-ZP Delde TILE MAKE STREET ADDRESS CITY-ST-ZP Change		

indicated on this report or supplemental report is true and acquarte 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.

SIGNATURE: