

2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P95000057272

1. Entity Name

MARIANNA MOTOR CO. INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 2:42

Principal Place of Business

Mailing Address

ELISABETH HELMS
3986-B HWY 90 WEST
MARIANNA, FL 32446

RONNIE HELMS
3916 GABLE
MARIANNA, FL
32448

2. Principal Place of Business

3. Mailing Address

3986-B HWY 90 WEST
Suite, Apt. #, etc.

3916 GABLE RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARIANNA FL

City & State

MARIANNA FL

4. FEI Number

59-3322777

Applied For

Not Applicable

Zip

Country

32446 JACKSON

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONNIE HELMS
3916 GABLE RD.
MARIANNA, FL 32448

Name RONNIE HELMS
Street Address (P.O. Box Number is Not Acceptable)
3916 GABLE RD
City MARIANNA FL Zip Code 32448

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 RONNIE HELMS *Ronnie Helms* 4/9/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. WILLIAM P. NELSON Delete
NAME 2240 RIVER ROAD
STREET ADDRESS SNEBAS, FL.
CITY-ST-ZIP

TITLE P. DONNA I. CAMPBELL Change Addition
NAME 2762 FLEETWOOD LANE
STREET ADDRESS MARIANNA FL 32446
CITY-ST-ZIP

TITLE V.P. ELIZABETH HELMS Delete
NAME 3916 GABLE RD
STREET ADDRESS MARIANNA, FL 32448
CITY-ST-ZIP

TITLE V.P. ELIZABETH V. HELMS Change Addition
NAME C.E.O. 3916 GABLE RD V.P.
STREET ADDRESS MARIANNA, FL 32448 TRE.
CITY-ST-ZIP

TITLE CEO TONI C. HOLMES Delete
NAME 3916 GABLE RD
STREET ADDRESS MARIANNA, FL 32448
CITY-ST-ZIP

TITLE DIR. RONNIE HELMS Change Addition
NAME 3916 GABLE RD
STREET ADDRESS MARIANNA, FL 32448
CITY-ST-ZIP

TITLE DIR. RONNIE HELMS Delete
NAME 3916 GABLE RD
STREET ADDRESS MARIANNA, FL 32448
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE: *Ronnie Helms* RONNIE HELMS DIR. 4/9/2001 850-207-1809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

900004135489--6
-05/04/01--01010--018
*****61.25 *****61.25