2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P95000058437 1. Entity Name HENRY JR. TRUCKING INC. 05-04-2001 90062 035 ***150.00 Principal Place of Business Mailing Address 9509 HWY 92 E PO BOX 1833 TAMPA FL 33610 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3329293 Not Applicable Zip Country Country \$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 WHITLOCK JR., HENRY C Street Address (P.O. Box Number is Not Acceptable) 9509 HWY 92 E **TAMPA FL 33610** City 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 ☐ Addition TITLE ☐ Delete TITLE Henry C. Whitlock, Je 3261 Bloomingdale VIIIas CT Branden, FL. 33511 WHITLOCK, JR., HENRY C NAME NAME STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP **BRANDON FL 33511** ☐ Addition Change ☐ Delete TITLE HALLOCK, TINA M NAME NAME Tina m. Hallock 261 Bloomingdale Villas CT STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WHITLOCK, KENNETH D. NAME STREET ADDRESS STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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-7IP

CITY-ST-702

Tina M. Hallock April 24, 2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR