2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P95000077199** SOUTHERN PIT STOP, INC. 03-22-2000 90219 025 ***150.00 Mailing Address Principal Place of Business 2930 PURDUE RD 5 CENTURY BLVD/ HWY 29 CENTURY FL 32535 MCDAVID FL 32568-2234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 62-1617156 Not Applicable Country Zip 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 -REAVES, JOHN W Street Address (P.O. Box Number is Not Acceptable) 2930 PURDUE RD MCDAVID FL 32568 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, typed or printed name of registered agent and title if applicable (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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITI F TITLE Delete NAME NAME REAVES, JOHN STREET ADDRESS 2930 PURDUE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP MCDAVID FL 32568 Delete TITLE [] Change Addition TITLE REAVES, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 2930 PURDUE RD CITY-ST-ZIP CITY-ST-ZIP MCDAVID FL 32568 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

2 Donna L. Reaves 3-20-2000 850-256-4003

☐ Change

☐ Change

☐ Addition

Addition