2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P95000086914 STONEY'S SERVICE STATION, INC. 03-15-2000 90091 028 ***150.00 Principal Place of Business Mailing Address 4167 LAFAYETTE STREET 4167 LAFAYETTE STREET MARIANNA FL 32446-8244 MARIANNA FL 32446 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3347581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Adkins, Stoney T</u> BONDURANT, FRANK E Street Address (P.O. Box Number is Not Acceptable) 4674 The Oaks Drive 4450 LAFAYETTE STREET MARIANNA FL 32446 32446 Marianna 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE ADKINS, STONEY T NAME NAME STREET ADDRESS STREET ADDRESS 4674 THE OAKS DRIVE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Change ☐ Addition ☐ Defete TITLE TITLE NAME adkins, linda s NAME STREET ADDRESS STREET ADDRESS 4674 THE OAKS DRIVE CITY-ST-7IP CITY-ST-ZIP MARIANNA FL 32446 ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

SIGNATURE: STORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/10 850-482