2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000010614 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** HAYNES TRANSPORTATION CO. 06-08-2000 90014 045 ***550.00 Principal Place of Business Mailing Address P.O. BOX 2397 409 EAST 34TH STREET PENSACOLA FL 32503 PENSACOLA FL 32513-2397 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3373086 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN MATRE, THOMAS G JR. Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD., SUITE 16 PENSACOLA FL 32503 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE PD ☐ Delete TITLE HAYNES, KEITH L. NAME NAME STREET ADDRESS STREET ADDRESS 2007 TONI ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ☐ Addition TITLE ☐ Change ☐ Delete TITLE HAYNES, LAMAR H JR. NAME NAME STREET ADDRESS STREET ADDRESS 4284 BRIGHTON DRIVE CITY-ST-7iP CITY-ST-7IP PENSACOLA FL 32504 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Change ☐ Delete TITLE Carlo Garage NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: