DOCUMENT # P96000020461 May 22, 2000 8:00 am Secretary of State 1. Entity Name GINGERICH TRUCKING, INC. 04-19-2000 90107 044 ***150.00 Mailing Address Principal Place of Business 16031 WINBURN DRIVE, SOUTH 16031 WINBURN DRIVE, SOUTH SARASOTA FL 34240-9226 SARASOTA FL 32340 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0646878 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>singerich</u> ソログナイロ IRWIN, ED, Street Address (P.O. Box Number is Not Acceptable) 4911 147H ST W SURFE 108 Winduck BRADENTON FL 34207 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. (NOTE: Registered Agent alguature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 DIRECT	FORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE	☐ Change	Addition
NAME	GINGERICH, DONALD L		NAME		- 1
STREET ADDRESS	16031 WINBURN DRIVE, SOUTH		STREET ADDRESS		Į.
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE	DVPS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GINGERICH, CHERYL A		NAME		ì
STREET ADDRESS	16031 WINBURN DRIVE, SOUTH		STREET ADDRESS		!
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	1		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 ¹⁷ changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donal & Hingmy DONALD L. GINGERICH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR	4-13-00	941-322-8857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone ●