2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045429 Mar 24, 2000 8:00 am Secretary of State K-SON TRUCKING, INC. 03-24-2000 90024 045 ***150.00 Mailing Address Principal Place of Business 117 S 5TH ST 117 S 5TH ST MCCLENNY FL 32063 MCCLENNY FL 32063-2303 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 59-3379597 Not Applicable Macclen Macclenn Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required лSА 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Zeorge W. Namodia didress (P.O. Box Number is Not Acceptable) KNABBS, GEORGE W SR. 912 SOUTH 5TH STREET MACCLENNY FL 32063 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 3-20-W (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition TITLE ☐ Delete TITLE KNABB, GEORGE W. S NAME NAME 912 S 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MACCLENNY FL CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE KNABB, GEORGE W. JR 115 MARTHA DRIVÉ KNABB, GEORGE W JR NAME NAME STREET ADDRESS 6299 SEMINOLE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STARKE FL Change Addition STD-Delete THE F Thre CRITCHLY, MIKE NAME NAME STREET ADDRESS 140 CEDAR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 ☐ Addition ☐ Change Delete TITI E 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-ce

(904)219-0480

Daytime Phone #