FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P96000056180** THOMAS'S TRANSMISSION SERVICES, INC. 01-18-2000 90114 013 ***150.00 Mailing Address Principal Place of Business 1903 HWY 44 W 1903 HWY 44 W INVERNESS FL 34453 INVERNESS FL 34453-3801 rincipal Place o $H\omega$ Y 44ω DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3390299 ERNESS Verwess Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ISABELLE, GARY G Street Address (P.O. Box Number is Not Acceptable) 730 E LEMON AVE **EUSTIS FL 32726** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ISABELLE, THOMAS J. 9336 W. RED VALLEY CT ☐ Delete ISABELLA, THOMAS J NAME 9336 W. RED VALLEY CT STREET ADDRESS STREET ADDRESS Crystan River, FL. 34428 **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP ISABELLE, BARY G. & Change Addition TITLE Delete ISABELLA, GARY G NAME NAME 730 E. LEMON AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **EUSTIS FL 32726** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 greate the report is 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 2.2.

changed, or on an attachment with an address, w

SIGNATURE: