2001	UNIFORM BUSI	3)	FIL]	ED						
DOCUMENT # P96000077719 1. Entity Name T.S. HUNT TRUCKING, INC.						Apr 12, 2001 08:00 AM Secretary of State				
Principal Plac	e of Business a Barbara PL	Mailing Address 1229 SW SANTA BARBARA PL								
CAPE CORAL 33991	FL	CAPE CORAL 33991		FL						
2. Principal P	lace of Business	3. Mailing Address 1108 SE 5TH AVE.							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State CAPE CORAL FL				FEI Number 55-0704423		— — — —	pplied For	Ì
Zip 33990	Country	Zip 33990	Coun	try	-	. Certificate of Status Desire		\$8.75 Add	itional	-
	6. Name and Address of Current R		-		7.	Name and Address of Ne			<u> </u>	-
HUNT TERRY 1229 SW SANTA BARBARA PL				i	TER					_
CAPE COR 33991	AL FI US	•		City	ODAI		FL	Zip Cod	<u> </u>	_
8. The above	named entity submits_this statement for	the purpose of changing its re	eaistere	CAPE Co		agent or both in the State of		33990		-
SIGNATURE .	TERRY S. HUNT Signature, typed or printed name of registered agent ar			-	re required when	·	- 04/12/	/2001		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. iria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	Fee	will be \$5	50.00	10. Election Campaigr Trust Fund Contrib			0 May Be i to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		,	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	j_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT MARILEE 1229 SW SANTA BARBARA PL CAPE CORAL	☐ Delete FL 33991			VP HUNT 1108 SE 5 CAPE CC		FL	M Change 33990	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT TERRY 1229 SW SANTA BARBARA PL CAPE CORAL	☐ Delete _ , FL 33991			PD HUNT 1108 SE 5 CAPE CC		FL	∑ Change 33990	Addition	CR2EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et adoress -St-Zip				Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	ifue and accurate and that my vered to execute this report as	CIMPA	I Iro chall h	ava tha com	is legal offect on if made was		m na officer	ar disastar	
DIGINAL		INTED NAME OF SIGNING OFFICER OF	DIRECT	OR		P 04/12/2001 Date	, , ,	avtime Phone #		

Date

Daytime Phone #