2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000090417 **DOCUMENT #** 05-05-2003 91426 013 ***158.75 1. Entity Name RCB TRUCKING, INC. Principal Place of Business Mailing Address 16170 CARNATION DRIVE 16170 CARNATION DRIVE PUNTA GORDA FL 33955 PUNTA GORDA FL 33955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0711880 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARLICK, RONALD 1179 ORANGE AVENUE. NORTH FORT MYERS FL 33903 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. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition GARLICK, RONALD NAME NAME 16170 Carnation Dr. Punta Gorda, Ft. 33955 STREET ADDRESS 1179 ORANGE AVENUE STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE GARLICK, BILLIE NAME STREET ADDRESS 1179 ORANGE AVENUE STREET ADDRESS GITY-ST-ZIP NORTH-FORT-MYERS-FL-33903 CITY_ST_ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment wit

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Tillie Carlick 234-131-1521

FILED