2003 FOR PROFIT CORPORATION



FILED Mar 20, 2003 8:00 am Secretary of State

| 1. Entity Na | JMENT# me DP SOIL, INC. | P96000090859 | | 03-20-2003 90128 026 ***150.00 |
|--|---|--|--|---|
| Principal Place of Business 1078 BLANDING BLVD ORANGE PARK FL 32065-6732 US | | Mailing Address 1078 BLANDING BLVI ORANGE PARK FL 32 US | | |
| 2. Principal | Place of Business | 3. Mailing Address | - N- | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | , | 4. FEI Number 59-3409284 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Addr | ess of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| | | and the second s | Name- | 7. Name and Address of New Registered Agent |
| COGBILL, JOHN R 1078 BLANDING BLVD ORANGE PARK FL 32065 | | | | (P.O. Box Number is Not Acceptable) |
| | | | 1,40. | · · |
| | | | City | FL Zip Code |
| 8. The above the obligation | e named entity submits the named entity submits the named entitions of registered agent | nis statement for the purpose of changing | g its registered office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name | of registered agent and title if applicable. ((| NOTE: Registered Agent signature require | ad when reinstating) DATE |
| Afte | ILE NOW!!! FEE IS r May 1, 2003 Fee wil c Payable to Florida D | l be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | C | FFICERS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cogbill, John R 1078 Blanding Bl Orange Park Fl | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | : | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

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 with an address, with all other like empowered.

SIGNATURE: