04/27/00 17:00 ☎904 354 5842 MARTIN, ADE, B&M

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90155 017 ***273.75

DOCUMENT # P97000014256

1. Entity Name
Southern Petroleum Systems, Inc.

Principal Place of Business	Mailing Address
480 Edgewood Avenue South Jacksonville, FL 32205	480 Edgewood Avenue South Jacksonville, FL 32205

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3426397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Franklin, Ben T. Jr. 480 Edgewood Avenue South Jacksonville, FL 32205	Name: MABM Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): Attention: Daniel B. Nunn, Jr. One Independent Drive, Suite 3000 City: Jacksonville FL Zip Code: 32202

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: Daniel B. Nunn, Jr. VP April 27, 2000
Signature required of an officer or director of the corporation (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
TITLE: PCEO NAME: Franklin, Ben T. Jr. STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☒ Delete	TITLE: PCEO NAME: Bill Murphy STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☐ Change ☒ Addition
TITLE: VP NAME: Franklin, Karen K. STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: VP NAME: Dunlap, Robert B. STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: BCFO NAME: Conderman, John F. STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☒ Addition
TITLE: VP NAME: Payne, Ronald E. STREET ADDRESS: 7305 W. 19th Court CITY-ST-ZIP: Hialeah, FL 33014 ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: D NAME: Douglas, G. Bruce STREET ADDRESS: 480 S. Edgewood Avenue CITY-ST-ZIP: Jacksonville, FL 32205 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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: Bill Murphy VP 4-28-00 904-384-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #