2000 UNIFORM BUSINESS REPORT (UBR)

May 19, 2000 8:00 am DOCUMENT # P97000029436 Secretary of State 1. Entity Name PPG trucking Inc Allia Ft. King Dirt Mine WILDWIND HOMES OF FLORIDA, INC. 04-24-2000 90109 024 ***150.00 Principal Place of Business Mailing Address SIXTH AVE SOUTH 631 SIXTH AVE SOUTH ST. PETERSBURG FL 33701-4636 FF PETERSBURG FL 39701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number 59 → 3 4 4 FEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNOLD, CHARLES F ESQ. Street Address (P.O. Box Number is Not Acceptable) 1701 NINTH STREET NORTH ST.PETERSBURG FL 33704 City Zip Code FL 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 signal tre-equired 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (66/6)☐ Addition TITLE ☐ Oelete TITLE NAME PRUITT, J. CRAYTON SR. NAME 15034 STREET ADDRESS STREET ADDRESS UNIT 2605 ONE BEACH DR SE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 □ Change □ Addition TITLE Delete TITLE NAME 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 Oelete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME MAME STREET POPESS STREET ADDRESS CAY-SY-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: