2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 설

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2000 8:00 am Secretary of State DOCUMENT # **P97000054948** HENRY AND SONS TRUCKING INC. 05-02-2000 90066 046 ***150.00 Mailing Address Principal Place of Business 836 CINNAMON DR. S.W. 836 CINNAMON DR. S.W. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number City & State 59-3449079 Not Applicable **8.75** Additional \$ Zip Country √Zip Country ___ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENRY, WORRELL S Street Address (P.O. Box Number is Not Acceptable) 836 CINNAMON DR. S.W. WINTER HAVEN FL 33880 Zip Code City 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 signature required 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE NAME WORRELL, HENRY STREET ADDRESS STREET ADDRESS 836 CINNAMON DR. SW CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33880 TITLE ☐ Change ☐ Addition ☐ Detete TIT! F NAME CONRAD. HENRY NAME STREET ADDRESS STREET ADDRESS 836 CINNAMON DR. SW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MUILINGS, MARLENE NAME NAME STREET ADDRESS STREET ADDRESS 836 CINNAMON DR. SW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change ■ Addition ☐ Delete TITLE NAME NAME cumpamon orsw STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

11/24,00 8632935568

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Daytime Phone #