FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000068708 1. Entity Name Ken's Truck Service, Inc.

FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90319 008 ***150.00

DO NOT WRITE IN THIS SPACE	VRITE IN THIS SPACE	WRITE	NOT	DO
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	DO NOI WRITE						
2. Principal F	Place of Business 7 Gwynford Lane	3. Mailing Address P.O.Box 6	278	1			
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	sonville, FL	City & State Jacksonvil	le,FL	4. FEI Number 59-3470795	5	Applied For Not Applicable	
Zip 322	.23 Duval	32236	Duval	5. Certificate of Status Desired	Fee Re		
			Name	7. Name and Address of Current			
	DO NOT WI	RITE		Thomas C. Pleiman, Jr. Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE					
	IN THIS STAGE			9471 Baymeadows Rd. Ste. 308			
				sonville		2256	
8. The above	e named entity submits this statement for	the purpose of changing its req	gistered office or registe	red agent, or both, in the State of Flo	rida.		
SIGNATURE .							
	Signature, typed or printed name of registered agent an	~ · · · · · · · · · · · · · · · · · · ·	egistered Agent signature require	d when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fe After May 1, Fee is Amended UBR is Make Check Payable to De			Fee is \$550.00 JBR is \$61.25	10. Election Campaign Fina Trust Fund Contribution	Y	55.00 May Be added to Fees	
11.	OFFICERS AND D	IRECTORS					
TITLE NAME	President K. Hall O.		TITLE NAME	*			
STREET ADDRESS	K. Hall 11627 Gyunford L	-ane	STREET ADDRESS		,		
CITY-ST-ZIP	Jacksonville, FL 3	2243	CITY-ST-ZIP TITLE				
NAME	11011	000	NAME	en de la companya de La companya de la co	Þ		
STREET ADDRESS	11627 Gywnford Dackson Ville, FL	37773	STREET ADDRESS		and the second second	S. Carlotte and Car	
TITLE	5	JEELS	TITLE				
NAME STREET ADDRESS	Kim Duncan 1158 Chandelon	Oak Dr.	NAME .	e de la companya de l	e ·		
CITY-ST-ZIP	Jacksonville, F	- 32221	STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE		
TITLE	7		TITLE	IN THIS S	PACE	,	
NAME STREET ADDRESS	Todd Duncan	Oak Dr.	NAME STREET ADDRESS	114 11110 0			
CITY-ST-ZIP		L 32221	CITY-ST-ZIP				
TITLE NAME	•.		TIFLE NAME	* * * * * * * * * * * * * * * * * * * *	4 1 1		
STREET ADDRESS			STREET ADDRESS		*	٠	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>	·		
TITLE NAME			TITLE				
STREET ADDRESS		1	STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP	· · ·			
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee emports with an address, with all other like emports.	ue and accurate and that my s wered to execute this report as	signature shall have the	same legal effect as if made under or	ath; that I am an off	ficer or director	