

P97000069565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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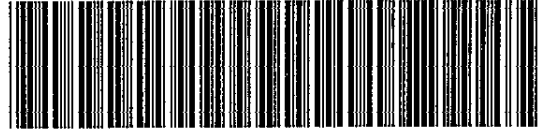
(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRIBBS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P97000069565

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODNEY JONES (NEW REGISTERED AGENT)  
(Name of person)

\_\_\_\_\_  
(Name of firm/company)

10444 W. HALLS RIVER RD.  
(Address)

HOMOSASSA, FL. 34448  
(City/state and zip code)

For further information concerning this matter, please call:

RODNEY JONES at (352) 302-7291  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- DONALD S CRIBBBS  
4255 S ALABAMA AVE.  
HOMOSASSA, FL. 34446

- RODNEY L JONES  
10444 W HALLS RIVER RD.  
(P.O. Box or personal mailbox NOT acceptable)  
HOMOSASSA, FL. 34448

Donald Cribbs President

6/1/03 (Date)

(Capacity)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314