FILED

2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P98000008115 DOCUMENT # 1. Entity Name TAYLOR TANK SALES, INC. 04-11-2002 90687 026 ***150.00 Principal Place of Business Mailing Address 111 SWIMMING PEN DRIVE 111 SWIMMING PEN DRIVE MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 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 Applied For 59-3492296 Not Applicable Zip Country Country Zip \$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 TAYLOR, DERRY JO Street Address (P.O. Box Number is Not Acceptable) 111 SWIMMING PEN DRIVE MIDDLEBURG FL 32068 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, DERRY JO NAME 11 SWIMMING PEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition TAYLOR, WINIFRED L NAME NAME 28 Chiles Avenue 4547 CRESTMONT DR STREET ADDRESS STREET ADDRESS Ashville, NC 28803 CITY-ST-ZIP **CHARLOTTE NC 28205** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition TAYLOR, RICHARD L SR NAME NAME STREET ADDRESS 111 SWIMMING PEN DRIVE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.