2004 FOR PROFIT CORPORATION

Apr 08, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000011122 1. Entity Name FRP SERVICES, INC. Principal Place of Business Mailing Address 1000 W. 11TH AVE PO BOX 1549 MOUNT DORA, FL 32757 MOUNT DORA, FL 32756 04012004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3490629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARSHALL, WILLIAM THOMAS JR DO NOT WRITE 1000 W. 11TH AVE MOUNT DORA, FL 32757 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typod or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TELLE NAME MARSHALL, WILLIAM THOMAS JR STREET ADDRESS 1000 W 11TH AVE CITY-ST-ZIP MOUNT DORA, FL 32757 DISE U000000108766 STREET ADDRESS U4700704-80028-020 150.00 CITY - ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 117LE NAME STREET ADDRESS

12. 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 supplementa) report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY - ST - ZIP BILE

STREET ADDRESS

Daytime Phone #

FILED