2000 UNIFORM BUSINESS REPORT (UBR)

May 13, 2000 8:00 am Secretary of State DOCUMENT # P98000040128 BLESSED TRUCKING, INC. 05-13-2000 90037 050 ***150.00 Principal Place of Business Mailing Address 2356 AINSWORTH AVE 2356 AINSWORTH AVE **DELTONA FL 32738 DELTONA FL 32738-2547** 80091951 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 59-3516880 Not Applicable Zip Country Zip Country \$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 F & L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET THIRD FLOOR JACKSONVILLE FL 32201-0240 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) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition JACKSON, DARRELL NAME NAME STREET ADDRESS 2356 AINSWORTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Delete ☐ Change Addition JACKSON, MARGIE NAME STREET ADDRESS 2356 AINSWORTH AVE STREET ADDRESS .CITY.-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Delete TITLE Addition BOYD, ALONZO NAME STREET ADDRESS STREET ADDRESS 1111 CELERY AVE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition 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

FILED

SIGNATURE: MARGIE THE KSOAL TS APRIL 2000 904-531-0764

changed, or on an attachment with an address, with all other like empowered

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