2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED May 20, 2000 8:00 am Secretary of State DOCUMENT # P98000077791 BLT TRUCKING, INC. 05-20-2000 90004 048 ***150.00 Principal Place of Business Mailing Address 4058 MORGAN ROAD 4058 MORGAN ROAD TALLAHASSEE FL 32310-8341 TALLAHASSEE FL 32310 ひまぎひける 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3549681 Not Applicable .Country_.. Country \$8.75 Additional 5. Certificate of Status Desired -- -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYANT, THEODORE JR Street Address (P.O. Box Number is Not Acceptable) 4058 MORGAN ROAD TALLAHASSEE FL 32310 Zip Code FL 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. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change ☐ Delete TITLE NAME NAME BRYANT, THEODORE JR STREET ADDRESS STREET ADDRESS 4058 MORGAN RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME HALL. MARY STREET ADDRESS STREET ADDRESS 4058 MORGAN RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Theodore Bryant Ir. 4/24/00