2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P98000101148 C.J.W. TRANSPORT, INC. 01-30-2001 90084 028 ***150.00 Principal Place of Business Mailing Address 32 WALKER ROAD P.O. BOX 7514 **QUINCY FL 32351** TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3545171 Not Applicable Zip Country 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 Name BLACK, JOHN W Street Address (P.O. Box Number is Not Acceptable) 906 THOMASVILLE RD. TALLAHASSEE FL 32303 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. 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, 2001 Fee will be \$550.00 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 TITLE Delete TITLE Change . PD WALKER, CHARLIE JAMES NAME WALKER, CHARLES JAMES NAME STREET ADDRESS P.O. BOX 7514 N/A STREET ADDRESS 819 BRIANDAN ST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TALLAHASSEE FL 32311 TITLE Delete ☐ Change Addition NAME WALKER, CHARLIE J NAME WALKER, CHARLENE STREET ADDRESS **819 BRIANDAN STREET** STREET ADDRESS 1676-N MISSION RD TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete TITLE Change ☐ Addition NAME MASSEY, ROBIN NAME MASSEY, ROBIN STREET ADDRESS 819 BRIANDAN STREET STREET ADDRESS 819 BRIANDAN ST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 32311 TALLAHASSEE FL ☐ Delete TITLE ☐ Change ☐ Addition NAME WALKER, LEROY NAME STREET ADDRESS 228 WILSON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP QUINCY FL 32351 ☐ Addition TITLE ☐ Delete TITLE **★** Change WALKER, CHARLIE JR. NAME WALKER, CHARLIE JR. STREET ADDRESS 2775 CATHEDRAL DRIVE LOT #26 STREET ADDRESS 32 WALKER RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 OUINCY FL 32351 ☐ Delete TITLE TITLE [] Change X Addition NAME NAME BROCKMAN, CASSAUNDRA STREET ADDRESS STREET ADDRESS 102 WALKER RD CITY-ST-ZIP QUINCY FL 32351

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

SIGNATURE:

ING OFFICER OR DIRECTOR