

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**  
 07-10-2000 90015 020 \*\*\*150.00

**DOCUMENT # P98000102788**  
 1. Entity Name  
**BECKY GRIFFIN TRUCKING, INC.**

Principal Place of Business      Mailing Address  
**4419 JONES RD.**      **4419 JONES RD.**  
**JACKSONVILLE FL 32219**      **JACKSONVILLE FL 32219-2871**

2. Principal Place of Business: **4419 Jones Rd**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **4419 Jones Rd**  
 Suite, Apt. #, etc.

City & State: **Jacksonville, FL**  
 Zip: **32219**      Country: **U.S.**

4. FEI Number: **31-1632111**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRIFFIN, REBECCA**  
**4419 JONES RD.**  
**JACKSONVILLE FL 32219**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DOWNING, JAMES M</b>
STREET ADDRESS	<b>740 S. MCCARGO ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elmer J. Griffin</b>
STREET ADDRESS	<b>4419 Jones Rd.</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32219</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melissa Downing</b>
STREET ADDRESS	<b>4419 Jones Rd.</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32219</b>
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tommy Griffin</b>
STREET ADDRESS	<b>4419 Jones Rd.</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32219</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Rebecca A. Griffin*      **5-1-00**      **904-783-2979**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)