FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P99000008230 HOLT'S TRUCKING, INC. 01-20-2000 90133 022 ***150.00 Principal Place of Business Mailing Address 131 GARDNER DRIVE 131 GARDNER DRIVE 704029 SHALIMAR FL 32579 SHALIMAR FL 32579-1226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-355₋ 2102 Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLT, MARGARET R Street Address (P.O. Box Number is Not Acceptable) 131 GARDNER DRIVE SHALIMAR FL 32579 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. 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 12. 11. ☐ Addition President ☐ Change TITLE □ Delete TITLE Kenneth Holt NAME NAME STREET ADDRESS STREET ADDRESS 131 Gardner DR. Shalimar, FL 32579 Vice President CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE William J. Holt NAME NAME Gardner DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Shalimar, FL 32579 Change ☐ Addition TITLE TITLE Secretary □ Delete NAME NAME STREET ADDRESS Gardner DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Shalimar, FL 32579 ☐ Change Addition TITLE TITLE Treasurer □ Delete Margaret R. Holt 131 Gardner DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Shalimar, FL 32579 TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Change ☐ Addition Delete TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP