FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 26, 2000 8:00 am Secretary of State OCUMENT # P99000009419 TUFF TRUCKS & EQUIPMENT SALES, INC. 02-26-2000 90077 034 ***150.00 Mailing Address ກ່າວເກລ່າ ກິໄລວ່ອ of Business 4920B NORTH US 441 NORTH US 441 "" A FL 34475 OCALA FL 34475-1522 00026717 Principal Place of Business 3. Mailing Address 254 NORTH US44 <u>5254 NORTH US 44 |</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable CALA, FL OCALA. 59-3554942 Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES B. FENNER FENNER, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 5254 NORTH US 441 4920B NORTH US 441 OCALA FL 34475 City The above named entity subfilts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Pursillant CHARLES B. FENNER, PRES. aGNATCIRE . Signature, typed or printed name of registered agent and title if applied 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete ITLE CHARLES B. FENNER FENNER, CHARLES B NAME AME 5254 NORTH US 441 TREET ADDRESS 4920B NORTH US 441 STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP OCALA FL 34475 OCALA, FL 34475 [] Change ☐ Addition X Delete TITLE ITLE REILLY, H M SR. NAME IAME 9226 N.W. HWY 27 STREET ADDRESS TREET ADDRESS CITY-ST-ZIP HTY-ST-ZIP **OCALA FL 34482** X Addition ☐ Delete Change ITLE MARILYN E. FENNER IAME NAME 5254 NORTH US 441 STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34475 ☐ Change ☐ Addition ☐ Delete TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE Change Addition ☐ Delete TLE AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change Addition ☐ Delete NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3. 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 supplied entry eport is true and ascurate 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 of 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 a praddress, with all other like empowered. CHARLES B. FENNER, PRES. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO