2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P99000019204** 1. Entity Name 04-28-2004 90263 014 ***150.00 FOSTER MOTOR COMPANY TRANSPORT, INC. Principal Place of Business Mailing Address 3351 W. TENNESSEE ST. 3351 W. TENNESSEE ST. TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) Applied For City & State City & State 4. FELNumber 59-3564411 Not Applicable Zip Country Zip 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 COSTER FOSTER, JEFF Street Address (P.O. Box Number is Not Acceptable 3351 W. TENNESSEE ST. WNARTON TALLAHASSEE, FL 32304 City TALLAHASSES 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. I am familiar with, and accept the obligations of registered ager FOSTAR JEFFREY E. SIGNATURE. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP IME ☐ Delete TITLE ☐ Change Addition FOSTER, JEFF NAME NAME STREET ADDRESS STREET ADDRESS 3351 W. TENNESSEE ST. CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP DST Change IIIIF □ Delete m F Addition FOSTER, REBECCA S NAME NAME 3351 W. TENNESSEE ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IF TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-719 12. 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

FILED