## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ DOCUMENT # P99000059537 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name GARCIA CANNING COMPANY, INC. 07-19-2000 90008 046 \*\*\*550.00 Principal Place of Business Mailing Address 1664 HWY, 22 EAST 1664 HWY. 22 EAST HADDOCK GA 31033-0098 HADDOCK GA 31033-0098 2. Principal Place of Business 3. Mailing Address 6615 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number X Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 [ ] Change Addition Delete TITLE TITLE Swink, Henry 6615 S. Irby NAME NAME BLOODWORTH, G. ALBERT JR. STREET ADDRESS STREET ADDRESS 1664 HWY. 22 EAST CITY-ST-ZIP CITY-ST-ZIP HADDOCK GA 31033-0098 Effingham, Change Addition Delete TITLE TITLE BLOODWORTH, GEORGE E III NAME STREET ADDRESS STREET ADDRESS 1664 HWY, 22 EAST CITY-ST-ZIP CITY-ST-ZIP Effingham, SC HADDOCK GA 31033-0098 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE REQUIRED SIGNANG OFFICER OF DIRECTOR

7/14/00 843-662

73-666-627 ACT [

Daytime Phone #