FILED

2003 FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) S93985 **Secretary of State** DOCUMENT # 1. Entity Name 01-21-2003 90563 016 ***150.00 FOOD & GAS, INC. Mailing Address 3850 HOLCOMB BRIDGE RD Principal Place of Business 3850 HOLCOMB BRIDGE RD SUITE 255 SUITE 255 NORCROSS GA 30092 3 NORCROSS GA 30092 US . . Principal Place of Business 3. Mailing Address 3970 KOGERS 39*7*0 Suite, Apt. #, etc Suite, Apt. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For ity & State 59-3093334 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JELKS, ALLEN N., JR. Street Address (P.O. Box Number is Not Acceptable) 239 EAST FOURTH STREET PANAMA CITY FL 32401 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Addition TITLE ☐ Delete TITLE AMIS. NANCY RUSSELL NAME NAME 3850-HOLCOMB BRIDGE RD SUITE 255-STREET ADDRESS STREET ADDRESS NORCROSS GA CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE RUSSELL, BARRON JEFF NAME NAME 3850 HOLCOMB BRIDGE RD SUITE 255-STREET ADDRESS STREET ADDRESS NORCROSS GA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an atta

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if