


Amended UBR  
FILED

03 JUN -3 AM 9:55.

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L32857			
1. Entity Name FARRIS TRUCKING, INC.		Principal Place of Business C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440	
2. Principal Place of Business		3. Mailing Address C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3011438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required while existing)	
FEE NOW/A FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Mail Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D FARRIS, HARRY <input type="checkbox"/> Delete	TITLE	CEO Farris, Jody E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, HARRY	NAME	Farris, Jody E
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	4622 Hwy 273
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Graceville FL 32440
TITLE	D FARRIS, LUCRETIA <input type="checkbox"/> Delete	TITLE	Ward, Kevin R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, LUCRETIA	NAME	Ward, Kevin R.
STREET ADDRESS	4602 HWY 273	STREET ADDRESS	1177 1st Ave
CITY-ST-ZIP	GRACEVILLE, FL	CITY-ST-ZIP	Graceville FL 32440
TITLE	<input type="checkbox"/> Delete	TITLE	Lane, Jesse T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Lane, Jesse T.
STREET ADDRESS		STREET ADDRESS	4387 Hwy 11
CITY-ST-ZIP		CITY-ST-ZIP	Graceville FL 32440
TITLE	<input type="checkbox"/> Delete	TITLE	AS Jordan Vicki L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jordan Vicki L
STREET ADDRESS		STREET ADDRESS	429 Wolfpen Rd
CITY-ST-ZIP		CITY-ST-ZIP	Stoughton FL 32635
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a/other like empowered.			
SIGNATURE: <i>Lucy W. Lane</i>		5/30/03 850 2637927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CRE034 (10/02)

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