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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **221688** **(5)**

1. Corporation Name
VAN HORN TRANSFER AND STORAGE COMPANY

Principal Place of Business	Mailing Address
1421 HARRISON AVE PO BOX 845 2032 HWY 2297 32402	1421 HARRISON AVE PO BOX 845 2032 HWY 2297 32402-0845

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/23/1959
3a. Date of Last Report: 02/15/1996
4. FEI Number: 59-0870306 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERCULES, PETTIS L. 1421 HARRISON AVE. PANAMA CITY FL 32401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hercules L Pettis Hercules L Pettis 4-30-97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	PETTIS, HERCULES L.		1.2 NAME	Sue Thweatt	
STREET ADDRESS	2509 W 9TH ST		1.3 STREET ADDRESS	309 Tates Lane.	
CITY-ST-ZIP	PANAMA CITY, FL 00000		1.4 CITY-ST-ZIP	Panama City, FL 32409	
TITLE	CEOS	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	PETTIS, HERCULES NMN		2.2 NAME	Dedree G. Smith	
STREET ADDRESS	P.O. BOX 27455 N/A		2.3 STREET ADDRESS	1610 Louisiana Avenue	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDRE, JAYNE C		3.2 NAME		
STREET ADDRESS	8711 PARK AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAUNGBUTE, SURAPHUNT		4.2 NAME		
STREET ADDRESS	2511 DRUMMOND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Thweatt REQUIRED Sue Thweatt 4-30-97 (904)763-3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #