SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09394** **(0)**

1. Corporation Name
O'QUINN TRUCK LINES, INC.

Mailing Address	Principal Place of Business
8342 KEW KINGS ROAD	8342 KEW KINGS ROAD
P.O. BOX 157	P.O. BOX 157
JACKSONVILLE FL 32219	JACKSONVILLE FL 32219

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1980**
3a. Date of Last Report: **05/01/1993**

2. Mailing Address
21
Suite, Apt. #, etc
22
City & State
23
Zip / Country
24 / 25

2a. Principal Place of Business
26
Suite, Apt. #, etc
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **59-2055127** ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'QUINN, RICKY D.
8342 NEW KINGS RD.
~~P.O. BOX 157~~
JACKSONVILLE FL 32219

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if corporation — Note: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94	
1.1 TITLE	P/N/T	1.1 TITLE	
1.2 NAME	O'QUINN, RICKY D	1.2 NAME	
1.3 STREET ADDRESS	8342 KEW KINGS RD	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JAX, FL 00000	1.4 CITY-ST-ZIP	
2.1 TITLE	S	2.1 TITLE	
2.2 NAME	O'QUINN, PAULA RAE	2.2 NAME	
2.3 STREET ADDRESS	8342 NEW KINGS RD.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Paula Rae O'Quinn - Paula Rae O'Quinn 8/1/94 904 764 7542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER