## 93000083454



ACCOUNT NO. : 072100000032

REFERENCE :

278870

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: June 17, 1999

ORDER TIME : 10:11 AM

ORDER NO. : 278870

CUSTOMER NO: 7182077

400002925144--0

CUSTOMER: Ms. Rebecca Ringleb Comcar Industries, Inc. 502 East Bridgers Avenue

Auburndale, FL 33823

## CHANGE OF AGENT

NAME: MIDWEST COAST TRANSPORT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

C. COULLIETTE JUL 0 7 1999

CONTACT PERSON: Sara Lea

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Florida	
submits the following statement in order to	change its registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: MIDWEST	COAST TRANSPORT, INC.
2. The mailing address of the corporation is	
	Sioux Falls, SD 57104
3. Date of incorporation/qualification: Dec	ember 7, 1993 Document number: P93000083454
4. The name and address of the current regi	stered agent and office:
MILTON E. JACOBS	
502 E. BRIDGERS AVENUE	SEE, OF D
AUBURNDALE, FL 33823	Z Z Z
5. The name and address of the new register	red agent and office: (P. O. Box Not Acceptable)
Corporation Service Comp	pany
1201 Hays Street	
Tallahassee, FL 32301	<u> </u>
The street address of its registered office a agent, as changed, will be identical.	nd the street address of the business office of its registered
Such change was authorized by resolution authorized by the board.	duly adopted by its board of directors or by an officer so
(Da DD )/	1-1-99
(Signature of an officer, chairman or vice chair	rman of the board) (Date)
BILLY R. READY, Secretary	
(Printed or typed name and t	
Corporation, I hereby accept the appointment I further agree to comply with the provisions performance of my duties, and I am familiar registered agent.	to accept service of process for the above stated at as registered agent and agree to act in this capacity. If a so of all statutes relative to the proper and complete with and accept the obligation of my position as
By: Aug P. Du	7/-199
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	·
LAURA R. DUNLAP (Typed or Printed Name)	Assistant Vice President
·	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)