## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

SIGNATURE:

**FILED** Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)G. & B. TRUCKING, CORP. Principal Place of Business Mailing Address 334 S.W. 86TH AVENUE 330 NW 102 TERRACE PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0267379 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SANTIAGO, GEORGE Name 334 S.W. 86TH AVENUE Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33025 83 85 Zip Code City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE ☐ DELETE Change ☐ Addition SANTIAGO, GEORGE NAME 1.2 NAME 334 S.W. 86TH AVE. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Спалде Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. 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 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 on an attachment with an addrage.

6.3 STREET ADDRESS

(10/97