

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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 312238 (9)

1. Corporation Name
D & K TRANSPORT, INC.

Principal Place of Business

Mailing Address

15515 US 301
DADE CITY FL 33525
US

P.O. BOX 186
DADE CITY FL 33526-0186
US

DO NOT WRITE IN THIS SPACE

| | | | | |
|---------------------------------|---------------------------------|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 15515 U S 301 | 26 P O BOX 189 | 12/22/1966 | 59-1202794 | Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State DADE CITY FL | 28 City & State DADE CITY FL | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 33523 -2410 | 25 Country USA | 29 Zip 33526-0189 | 30 Country USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLER, CHARLES D.
37927 LIVE OAK AVE
DADE CITY FL 33525

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | |
| NAME | SURRATT, BILL M. J | 1.2 NAME | |
| STREET ADDRESS | 15515 US 301 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | LINDSAY, KENNETH W.,JR | 2.2 NAME | |
| STREET ADDRESS | 15515 US 301 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | LINDSAY, KENNETH W.,JR | 3.2 NAME | |
| STREET ADDRESS | 15515 US 301 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | ASD | 4.1 TITLE | |
| NAME | SURRATT, ANITA GAIL | 4.2 NAME | |
| STREET ADDRESS | 15515 US 301 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, or on an attachment with an address.

KENNETH W. LINDSAY, JR. SECRETARY/TREASURER

SIGNATURE: _____

4/17/98 352 567-5161

CR2E034 (10/97)