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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:50

DOCUMENT # 339486 (3)

1. Corporation Name
SARASOTA TRUCKING SERVICE, INC.

Principal Place of Business
5004 US 301 BOULEVARD SOUTH
BRADENTON FL 34203
US

Mailing Address
P.O. DRAWER G
SARASOTA FL 34230
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21 2560 WHITFIELD AVENUE
Suite, Apt. #, etc. 22
City & State 23 SARASOTA, FLORIDA
Zip 24 34243 Country 25 MANATEE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1226601 — 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
FUSSELL, SHARON
5004 US 301 BOULEVARD SOUTH
BRADENTON FL 34203

10. Name and Address of New Registered Agent
81 Name: FUSSELL, SHARON
82 Street Address (P.O. Box Number is Not Acceptable): 2560 WHITFIELD AVENUE
83
84 City: SARASOTA FL 85 Zip Code: 34243

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: Sharon Fussell, President — 2-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	FUSSELL, SHARON	1.2 NAME	FUSSELL, SHARON
STREET ADDRESS	5004 US 301 BOULEVARD SOUTH	1.3 STREET ADDRESS	2560 WHITFIELD AVENUE
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34243
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNHAM, J. CHARLES	2.2 NAME	
STREET ADDRESS	1919 MORRIS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(k), Florida Statutes. 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 is added in Block 13 with an address.

SIGNATURE: Sharon Fussell, President — 2-9-95 — (813) 756-8714
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #