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

Block 12 or Block 13 if changed, or oy an attachment with an address.

May 13 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 #** 623896 AWC TRANSPORTATION, INC. Principal Place of Business Mailing Address 3000-1 HARTLEY ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 06/05/1979 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1909988 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. # \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & S \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible ☐ Yes □ No 30 Personal Property Tax due June 30. e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name legl**e**r, mitchell w 2000 INDEPENDENT SQUARE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 **B**3 84 City Zip Code 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 profed name of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 THILE PARDO, JOSEPH A NAME 1.2 NAME 3000-1 HARTLEY ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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

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