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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 639001

EDWARD L. MYRICK TRUCKING INC.

FILED Mar 04, 1999 8:00 am **Secretary of State** 03-04-1999 90169 030 ***150.00

Mailing Address Principal Place of Business POMPANO STATE FARMER MARKET 4450 NE 31 AVE 1255 W ATLANTIC BLVD RM F15 LIGHTHOUSE POINT FL 33064-7232 DO NOT WRITE IN THIS SPACE POMPANO BCH FL 33069 3. Date Incorporated or Qualifed 10/08/1979 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2061226 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Surte, Apt. #, etc. 5. Certifcate of Status Desired .Fee.Required... -22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MYRICK, EDWARD L. Street Address (P.O. Box Number is Not Acceptable) 82 4450 NE 31ST AVE LIGHTHOUSE POINT FL 33064 83 Zip Code 84 City 85 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ DELETE 1.1 TITLE TITLE MYRICK, EDWARD L. 1.2 NAME NAME 4450 NE 31ST AVE 1.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change ☐ Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 officer or director of the corporation or the Block 12 or Block 13 if changes or on an with an address, with all other like empowered.

SIGNATURE