SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE: メ

Jul 25 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # F07710 (9)EARL LEIFFER & SONS TRUCKING CO., INC. Principal Place of Business Mailing Address 4433 EDGEWATER DRIVE 4433 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1980 .05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 350 DOG TRACK P.D. BOX 521107 59-2778138 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing LONGWOUD. LONGWOOD 23 Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible SEMINOLE 29 32752 - 1107 30 Yes 24 32700 □ No SEMINOLE Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name LOVETT, W THOMAS 200 E. ROBINSON STREET, SUITE 500 **B2** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 **B**3 84 City Zip Code 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 Signature, typed or printed name of registered agont and life if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 76/4) DELETE Change TITLE 1.1 TITLE NAME LEIFFER, EARL M 1.2 NAME 2E034 4433 EDGEWATER DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 1.4 City-St-ZiP CITY-ST-ZIP TITLE DELETE Channe Addition 2.1 TITLE LEIFER, CRAIG P. NAME 2.2 NAME STREET ADDRESS 4433 EDGEWATER DRIVE 2.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 3.1 TITLE LEIFER, CHRISTOPHER D. NAME 3.2 NAME 4433 EDGEWATER DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 Title NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information proplied with this filing does not profif for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual profit 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 contraction or the recovery or trusty empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if harged, or on an attachment with an addition.

FILED

7-14-97

(407) 339-6002