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

FILED PROFIT ELORIDA DEPARTMENT DE STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (3)F12502 HARDEE'S TRANSPORT, INC. Principal Place of Business Mailing Address 1314 EASTPORT RD. PO ROX 26159 PO DOV OCLEO P.O. BOX 26159 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 42226-0159-32226-6159 US 3. Date Incorporated or Qualified 12/22/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2048384 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 32226-615 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARDEE, KENNETH R. 1314 EASTPORT RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 84 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE HARDEE, MARY S (ASST) NAME 1.2 NAME 5303 JOHN REYNOLDS DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HARDEE, KENDALL NAME 2.2 NAME 5305 RIDGEWOOD 2.3 STREET ADDRESS SYREET ADDRESS WILMINGTON, NC 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HARDEE, THELTON NAME 3.2 NAME RT 1 BOX 252 3.3 STREET ADDRESS STREET ADDRESS N MYRTLE BCH, SC 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HARDEE, KENNETH R 4. 2 NAME NAME 5303 JOHN REYNOLDS DR 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ___ Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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 affachment with an address.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

(10/97)

CR2E034