FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F83599 (3)

1. Corporation Name

ROBIN TRUCKING, INC.

Principal Place of Business	Mailing Address
103 FOUR POINTS WAY P.O. BOX 6515 TALLAHASSEE FL 32310-7070	103 FOUR POINTS WAY P.O. BOX 6515 TALLAHASSEE FL 32310-7070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1982
3a. Date of Last Report: 06/29/1994

2. Principal Place of Business
21 105 Four Points Way
Suite, Apt. #, etc.
22 PO Box 6515
City & State
23 Tall, Fla.
Zip: 24 32314-7070 Country: 25 USA

2a. Mailing Address
26 105 Four Points Way
Suite, Apt. #, etc.
27 PO Box 6515
City & State
28 Tall, Fla
Zip: 29 32314-7070 Country: 30 USA

4. FEI Number: 59-2195554 ☐ 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

THOMPSON, JAMES L.
WEST PAGE RD
WOODVILLE FL

10. Name and Address of New Registered Agent

81 Name: Eddie C. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 752 Woodville Rd
83 Rt 4 Box 6734
84 City: Crawfordville FL 85 Zip Code: 32327

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: Eddie C. Jones DATE: 5-8-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	THOMPSON, JAMES L.	12 NAME	Jones, Eddie C.	
STREET ADDRESS	1713 WEST PAGE, POST OFFICE BOX 148 N/A	13 STREET ADDRESS	752 Woodville Rd Rt 4 Box 6734	
CITY ST ZIP	WOODVILLE FL	14 CITY ST ZIP	Crawfordville, Fla	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above or on an attachment with an address.

SIGNATURE: Eddie C. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eddie C. Jones

DATE: 4-18-95

Daytime Phone Number: 877-2424

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