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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9300000872 (2)

HIGHWAY SERVICES, INC.

## FILED Mar 26 1998 8:00am Secretary of State



Detected Discovery Design					-{	
Principal Place of Business Mailing Address						
P. O. BOX 310 P. O. BOX 310 ROGERS MN 55374 ROGERS MN 55374						
NOGERO MIL SSOTT		HOWERO MIT WOLF		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
	_			02/08/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		<b>41-0940532</b> Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27			Fee Required	
<del></del>		City & State		6. Election Campaign Financing	\$5.00 May Be	
<b>23</b> Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	<b>├</b> ─ `	vol	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes 🔀 No	
24	9. Name and Address of Curren		HU	10. Name and Address of New Registered Ag		
CT CORPORATION SYSTEM			81 Name			
1200 SOUTH PINE ISLAND RD.						
PLANTATION FL 33324			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
, = 21(11110111   200421			83			
			84 City	FL	85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typed or pretted name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  On the provided when reinstating the provi						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	CD ROUDEBUSH, JOHN L	☐ DELET <b>E</b>	1.1 TITLE	L.	Change Addition	
NAME	370 WAYCLIFF DR		1.2 NAME			
STREET ADDRESS	WAYZATA MN		1.3 STREET ADDRESS			
CITY-ST-ZIP	PD PD	DELETE	1.4 CITY - ST - ZIP		100	
TITLE	AAMOLD, GARY		2.1 TITLE	L.	Change L Addition	
NAME	14415 - 45TH AVE. NO.		2.2 NAME			
STREET ADDRESS	PLYMOUTH MN		2.3 STREET ADDRESS	k age		
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	LEWIS, PETE	0	3.2 NAME		T OWNINGS ETT MODINGS	
STREET ADDRESS	14116 201ST. AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ELK RIVER MN 55330		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change Addition	
NAME	BINGER, WYNN S	_	4. 2 NAME	_		
STREET ADDRESS	2950 DÉAN PARKWAY		4.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55408		4.4 CITY-ST-ZIP			
TITLE	8	☐ DELETE	5.1 TITLE		Change Addition	
NAME	PERRY, JULIE		5.2 NAME			
STREET ADDRESS	2703 - 13TH TERRACE		5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW BRIGHTON MN 55112		5.4 CITY-ST-ZIP			
TITLE		DELETE		TREASURER	Change 🔀 Addition	
NAME			6.2 NAME	DUANE EROMAN		
STREET ADDRESS				9186 LANEWOOD CT		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MAPLE GROVE MN 55369		

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

CICNIATURE.

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