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Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **F94000002366 (2)**

1. Corporation Name
HEYL LOGISTICS, INC.

Principal Place of Business	Mailing Address
1809 N. LOUISE SIOUX FALLS SD 57107 US	1809 N. LOUISE SIOUX FALLS SD 57107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 46-0392929 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACK, MARTIN JR.
2064 PARK ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEYL, DONALD L		1.2 NAME	
STREET ADDRESS	1606 AVE N		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWARDEN IA		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEYL, ALAN L		2.2 NAME	
STREET ADDRESS	941 REED ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON IA		2.4 CITY-ST-ZIP	
TITLE	COOV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HEYL, ROGER		3.2 NAME	
STREET ADDRESS	4023 COUNTRY CLUB		3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON IA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HEYL, DAVID A		4.2 NAME	
STREET ADDRESS	RR 3 BOX 322		4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON IA		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HEYL, SCOTT D		5.2 NAME	
STREET ADDRESS	601 S 4TH AVE #2		5.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: _____ 1-6-98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

CR2E034 (10/97)