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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000003661 (5)

ANDREWS TRUCKING CO. Principal Place of Business Mailing Address 3850 SE 58 AVE PO BOX 71173 OCALA FL 34471 DO NOT WRITE IN THIS SPACE OCALA FL 34480 3. Date Incorporated or Qualified 07/13/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 06-1320532 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intengible Yes Yes ∏ No 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOWNIE, CORA M 5675 S.E. 35TH ST. 62 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 Title NAME DOWNIE, DWIGHT A 1.2 NAME STREET ADDRESS 5675 S.E. 35TH ST. 1.3 STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DOWNIE, CORA M 2.2 NAME NAME 5675 S.E. 35TH ST. 2.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34471** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 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 of supplemental arrival report is triggered acquired 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 or no owered 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 arrattachment with my address.

SIGNATURE:

FILED

Mar 13 1998 8:00am

Secretary of State