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

FILED PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (5)G05878 HEARTLAND TRANSPORTATION CO., INC. Principal Place of Business Mailing Address 5300 ORANGE ST.(ZOLFO SPRINGS, FL) 5300 ORANGE ST.(ZOLFO SPRINGS, FL) P.O. BOX 846 P.O. BOX 846 DO NOT WRITE IN THIS SPACE WAUCHULA FL 33873 WAUCHULA FL 33873 3. Date Incorporated or Qualified <u>10/26/1982</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2910 U.S. HICHWAY1750,26 59-2225739 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ZOLPO Gr Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 33890 23 \Box Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMMONS, CARL 5300 ORANGE STREET Street Address (P.O. Box Number is Not Acceptable) ZOLFO SPRINGS FL 83 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 pointed name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 THILE Change ___ Addition SIMMONS, CARL NAME 1.2 NAME **226 ORANGE AVE** STREET ADDRESS 1.3 STREET ADDRESS WAUCHULA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition STD Change 2.1 TITLE NAME **SIMMONS, FRANCES H** 2.2 NAME 226 ORANGE AVE STREET ADDRESS 2.3 STREET ADDRESS WAUCHULA, FL 00000 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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.

5.4 CiTY - ST - ZIP

6.3 STREET ADDRESS

Change

Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME