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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # H27864

1. Corporation Name

CALUSA TRUCKING CORP.

Principal Place of Business	Mailing Address
INDUSTRIAL RD. SARATOGA AVE. BIG PINE KEY, FL 33043	P. O. BOX 430374 BIG PINE KEY, FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/84

2. Principal Place of Business	2a. Mailing Address
21 INDUSTRIAL ROAD	26 P. O. BOX 430374
Suite, Apt. #, etc: 22 SARATOGA AVE.	Suite, Apt. #, etc: 27
City & State: 23 BIG PINE KEY, FL	City & State: 28 BIG PINE KEY, FL
Zip: 24 33043 Country: 25 USA	Zip: 29 33043 Country: 30 USA

4. FEI Number: 59-2379068 ☐ 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	10. Name and Address of New Registered Agent
PATERNITI, ANTHONY RT. 3, BOX 33 SARATOGA AVE. BIG PINE KEY, FL 33043	81 Name: ANTHONY PATERNITI 82 Street Address (P.O. Box Number is Not Acceptable): 85 INDUSTRIAL ROAD, 83: PINEWOOD BUILDING 84 City: BIG PINE KEY, FL 85 Zip Code: 33043

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] 7/2/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SHEPHARD, DAIVD S. RT. 5, BOX 33 SARATOGA AVENUE BIG PINE KEY, FL 33043 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PATERNITI, ANTHONY 85 INDUSTRIAL ROAD, PINEWOOD BUILDING BIG PINE KEY, FL 33043 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: [signature] 7/7/98 305-872-3302
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Phone #
ANTHONY PATERNITI