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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Feb 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H35775 (6) SINGLETARY TRUCKING, INC. Principal Place of Business Mailing Address RT. 9 BOX 196 5126 5126 5129/6/14R4 RT. 3 BOX 196 MILTON FL 32570 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2472740 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SINGLETARY, PHILLIP WAYNE 81 Name RT 3 BOX 198 5126 SINGLETARY LANC 82 Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 63 ₿4 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE Change SINGLETARY, PHILLIP W. NAME 1.2 NAME RT. 3 BOX 198 5126 SinglETARY LANE STREET ADDRESS 1.3 STREET ADDRESS **MILTON FL** CITY-ST-ZIP 1.4 CITY-ST-7IP TITLE 21 TITLE Change Addition BUSH, VERA SINGELTARY NAME 2.2 NAME SINGLOTARY LANC RT. 3 BOX 196 5142 STREET ADDRESS 2.3 STREET ADDRESS **MILTON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE ■ Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-\$1-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 armual 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-\$T-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

61 TITLE

6.2 NAME

DELETE

1 10 -00