FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38803** **(3)**

1. Corporation Name
MCKIBBEN TRUCKING, INC.

Principal Place of Business	Mailing Address
% CHARLES LYNN MCKIBBEN P.O. BOX 2506 BONITA SPRINGS FL 33959	% CHARLES LYNN MCKIBBEN P.O. BOX 2506 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1810 US 17 S
22: Suite, Apt. #, etc.
23: City & State: Avon Park Fl
24: Zip: 33825
25: Country: Highlands

2a. Mailing Address
26: 1810 US 17 S
27: Suite, Apt. #, etc.
28: City & State: Avon Park Fl
29: Zip: 33825
30: Country: Highlands

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKIBBEN, CHARLES LYNN
5968 COARL CT
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: McKibben Charles Lynn
82 Street Address (P.O. Box Number is Not Acceptable): 1810 US 17 S
83:
84 City: Avon Park FL 85 Zip Code: 33825

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: Charles L McKibben (Typed or printed name of registered agent and title if applicable) — NOTE: Registered Agent signature required when reinstating — DATE: 5-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	MCKIBBEN, CHARLES L	12 NAME	McKibben Charles L
STREET ADDRESS	5968 COARL CT	13 STREET ADDRESS	1810 US 27S
CITY ST ZIP	BONITA SPRINGS FL	14 CITY ST ZIP	Avon Park Fl 33825
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	300001485493
STREET ADDRESS		23 STREET ADDRESS	-05/12/95--01034--007
CITY ST ZIP		24 CITY ST ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charles L McKibben — Pres — 4-10-95 — 813-453 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0335480 CP