BEIN	PLEASE REA	FLORID	OA DEPARTME Sandra B. Mo Secretary of	NT OF STATE rtham State	7		APPROV AND FILEI)	
DOCUMENT # H45835 1. Corporation Name WHITTAKER TRUCK MAINTENANCE, INC.					97 NOV 10 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
% RONALD 359 INDUST		% RONALD W 359 INDUSTRI	Mailing Address * Ronald Whittaker 359 Industrial Ave Boynton Beach FL 33426-3620						
	addresses are incorrect in any way, line incipal Office Address, If Applicable		ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 03/06/1985			
Suite, Apt.	<u> </u>		Suite, Apt. #, etc.		5. FEI Numbe	00/00/ 1800			
City & State Zip Country		City & State	Zip Cour		Not Applica 6. \$8.75 Additional Fee reg		Not Applicable		
<u> </u>	and Street Addresses of Each Officer	<u></u>			<u>L</u>	TE OF STATUS DESIRED		tificate of Status	
Title(s) 1 2 Name of Officers and/or Directors			Street Address of Eac Officer and/or Director 3 (Do NOT Use Post Office Box		City / State / Zip				
PD WHITTAKER, RONALD			359 INDUSTRIAL AVE		BOYNTON BEACH FL				
			-	\M .	alu	800002: ****16	3451 /97-010 85.00 *	665 98013 ***165.00	
				pr ()	11/10				
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent				
WHITTAKER, RONALD 359 INDUSTRIAL AVENUE BOYNTON BEACH FL 33435				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
10. I, being	appointed the registered agent of the	above named corp	oration, am familjar w		bligations of Sec	tion 607.0505, F.S.	FL		
Signature of Registered	1 Renalds	/	ittakes			Date / 0-2	29-57		
	is corporation owes or angible Personal Prop			ar Yes 🔲	No 🗌		ther side for Info on intangible tax		
this rein owed by	that I am an officer or director or the re statement application, the reason for c y the corporation have been paid and t application is true and accurate, and m	lissolution has been the names of individ	eliminated, the corp luals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption un	s of section 607.0401 or	r 617.0401, F.S	., that all fees	
SIGNAT	TURE: Lonald &	FRINTED NAME OF	ittaker SIGNING OFFICER OR	DIRECTOR		1 6-2 C	タ~ タ) Daytme Ph	one #	

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