

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H57622** (3)
1. Corporation Name
ELIXSON TRUCKING SERVICE, INCORPORATED



Principal Place of Business

Mailing Address

% KENNETH ELIXSON
ROUTE 4 BOX 299
STARKE FL 32091

% KENNETH ELIXSON
ROUTE 4 BOX 299
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1985

4. FCI Number

59-2524689

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

SIKES, CHARLES D
998 NORTH TEMPLE AVENUE
STARKE FL 32091

11. Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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 I accept the obligations of Sections 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent (required when appointing)

Signature of Registered Agent (required when appointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
ELIXSON, KENNETH
RT. 4 BOX 299
STARKE FL
D
BRYANT, JAMES A.
RT. 4 BOX 299
STARKE FL 32091
DV
ELIXSON, KEVIN L.
RT. 4 BOX 299
STARKE FL 32091

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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
and address on the annual report is applicable to the corporation and 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 registered agent or both and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or Block 13 of this report and I am familiar with and I accept the obligations of Sections 607.0501, Florida Statutes.

SIGNATURE:

Kenneth Elixson Kenneth Elixson

29-98

901-964-6649

CR2E034 (10/97)