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 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93308 (5)

1. Corporate Name

TWO GUYS TRUCKING CORPORATION

Principal Place of Business	Mailing Address
8204 N. GRADY AVE TAMPA FL 33614 US	8205 N. GRADY AVE TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1986**

3a. Date of Last Report: **02/25/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **59-2618953** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, EDILIO B.
8204 N. GRADY AVENUE
TAMPA FL 33614

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

11. Pursuant to the provisions of Sections 607.0402 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	PSD	7 TITLE	☐ Change ☐ Addition
8 NAME	PEREZ, EDILIO B.	8 NAME	
9 STREET ADDRESS	8204 N GRADY AVENUE	9 STREET ADDRESS	
10 CITY ST ZIP	TAMPA FL	10 CITY ST ZIP	
11 TITLE	STD	11 TITLE	☐ Change ☐ Addition
12 NAME	PEREZ, DORIS G.	12 NAME	
13 STREET ADDRESS	8204 N GRADY AVENUE	13 STREET ADDRESS	
14 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
15 TITLE		15 TITLE	☐ Change ☐ Addition
16 NAME		16 NAME	
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY ST ZIP		18 CITY ST ZIP	
19 TITLE		19 TITLE	☐ Change ☐ Addition
20 NAME		20 NAME	
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23 TITLE		23 TITLE	☐ Change ☐ Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY ST ZIP		26 CITY ST ZIP	
27 TITLE		27 TITLE	☐ Change ☐ Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY ST ZIP		30 CITY ST ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Edilio Perez 4/28/95 248-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443154 FP