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

CITY-ST-ZIP

SIGNATURE: _

Apr 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 # (5)DAWSON TRUCKING COMPANY, INC. Principal Place of Business Mailing Address 310 MEALY DR 310 MEALY DR ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2739194 Not Applicable 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zıp Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes

10. Name and Address of New Registered Agent 29 25 24 30 9. Name and Address of Current Registered Agent DAWSON, WILLIAM, B, IV 81 310 MEALY DR. 82 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BCH FL 32233 63 84 11. Pursuant to the provisions of Soctions 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change __ Addition TITLE 1.1 TITLE DAWSON, WILLIAM B., IV NAME 1.2 NAME 1908 NIGHTFALL DR STREET ADDRESS 1.3 STREET ADDRESS NEPTUNE BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 21 TITLE Addition PERRY, JEFF NAME 2.2 NAME 1701 AZALEA DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NYSTROM, SHIRLEY C. 3.0 NAME NAME 10950 ROCK ISLAND ROAD 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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

4-20-98

FILED