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SIGNATURE:

PROFIT *ELORIDA DEPARTMENT OF STATE* CORPORATION FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 98 AUG -5 AM 9: 14 DOCUMENT # (8) J59018 SECRETARY OF STATE TALLAHASSEE, FLORIDA GILDER TRUCKING, INC. Principal Place of Business Mailing Address % DOROTHY GILDER **% DOROTHY GILDER** 2107 NEW BERLIN RD. 2107 NEW BERLIN RD. JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2801098 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Zip Country Zιρ Country 8. This corporation owes or has paid the ourrent year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GILDER, GARY T. 81 Name 2107 NEW BERLIN RD. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32218 83 -08/07/98-**-0**1087---010 ***<u>150.00</u> 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GILDER, GARY T. NAME 1.2 NAME 2107 NEW BRELIN RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 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 Addition TITLE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 or annutachment with an address. 900) 952-2000