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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J76555

(8)

MCDERMOTT TRUCKING, INC.

**FILED** Mar 13 1997 8:00am Secretary of State

U ABBONNO BIKU 1881.B BKKBA BKKBA BKKBA BKKA BKBIK BKBIK BKBIK BKBIK BKBIK BKBIK BKBIK BKBIK IKBU

District District District	N. H. C. C. C. B. of J. C.							
ncipal Place of Business Mailing Address								
#261 B.W. SALMON RD. PT. ST. LUCIE FL 84953 US	2261 SW SALMON RD. PORT ST, LUCIE FL <b>349</b> 53-5720 US							
·					3. Date Incorporated or Qualified 06/08/1987	3a. Date of t 07/17/19	•	
2. Principal Place of Business	2a. Mailing Add	ress			4. FEI Number		Applied For	
21	26				59-2621268	1	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		.75 Additional ee Required	
City & State	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip Country 25	7(p 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
Name and Address of Current Registered Agent			$I_{-}$		10. Name and Address of New Registered Agent			
MCDERMOTT, PATRICK J. 2281 SW SALMON RD.			81	Name				
PORT ST. LUCIE FL 34953			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
7 5111 611 20012 12 01000			83					
			84	City		FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607.050.	2 and 607.1508, Flori	da Statutes, the a	pove TT	named corp	oration submits this statement for the pur	pose of chang	ging its 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change MCDERMONT, PATRICK J. 1.2 NAME 2261 SW SALMON RD STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 1.4 CITY - ST- ZIP X Change DELETE Addition TITLE 2.1 TITLE MCDERMONT, CATHERINE R. NAME 2.2 NAME 7799 E. COUNTRY CLUB STREET ADDRESS 2.3 STREET ADDRESS Boca Raton, Fl. 33487 **BOCA RATON FL** CITY-ST-ZIP 2. 4 C(1Y - ST - Z(P DILLETE Change Addition 3 1 TITLE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition 4.1 THLE 4, 2 KAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - ZIP DELETE Change TITLE 5.1 THLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 2(P DELETE Change Addition TITLE 6.1 THLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 eath; 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 pigck 13 if changed, or on an altaphment with an address.

PATRICK J. MCDerMOTT