SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 15 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83912** **(1)**

1. Corporation Name
VITALIS TRUCKING COMPANY, INC.

Mailing Address	Principal Place of Business
P O BOX 608017	8008 APOPKA BLVD
ORLANDO FL 32860-017	APOPKA FL 32703
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1989**	3a. Date of Last Report: **05/13/1993**
4. FEI Number: **59-2952215**	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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITTEN, FRED 5217 PINE HILLS RD. ORLANDO FL 32808	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 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ Date _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. CHANGES TO BE MADE AND DESCRIBED IN 12
11 TITLE	D/P	
12 NAME	DURR, DONALD	
13 STREET ADDRESS	2620 TAMARA CT	
14 CITY-ST-ZIP	APOPKA FL	
21 TITLE	V/S/T	
22 NAME	BLAKELY, PAUL DAVID	
23 STREET ADDRESS	7701 CASASICE CT.	
24 CITY-ST-ZIP	ORLANDO FL	
31 TITLE	D	
32 NAME	VITALIS, ELMER	
33 STREET ADDRESS	137 NE 48 ST. PLACE	
34 CITY-ST-ZIP	DES MOINES IA	
41 TITLE	D	
42 NAME	WHITTEN, FRED	
43 STREET ADDRESS	5217 PINE HILLS RD	
44 CITY-ST-ZIP	ORLANDO FL	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

APT

14. I do 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to the report with an address.

SIGNATURE: Paul Blakely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date