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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L26112

POWER WAGON ENTERPRISES, INC.

Mailing Address Principal Place of Business 251 PARKER ST 251 PARKER ST JACKSONVILLE FL 32202-\$221 JACKSONVILLE FL 32202-\$221 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1989 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2978502 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State **Election Campaign Financing** Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip □No Personal Property Tax. 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HANK, DONALD Street Address (P.O. Box Number is Not Acceptable) 2737 RANDY RD JACKSONVILLE FL 32216-6048 83 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition ☐ DELETE DP 11 TOLE TITLE HANK, DONALD 1.2 NAME NAME 2737 RANDY RD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME HANK, DONALD 2737 RANDY RD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZI CITY-ST-7IF Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 5.1 TITLE TTILE

14. I hereby certify that the information supplied with this filling 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 seport 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 in tustee empowered to execute his 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, with all gine like empowered.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINT

□ DELETE

Change

Addition

CR2E034 (11/98)