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

FILED Apr 21 1998 8:00am LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name L86568 WAYNE CARR TRUCKING INC. Principal Place of Business Mailing Address 6700 NE 304 ST 6700 NE 304 ST **OKEECHOBEE FL 34972** OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0210606 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARR, WAYNE E. 6700 NE 304 ST Street Address (P.O. Box Number is Not Acceptable) 82 OKEECHOBEE FL 34972 83 84 Zip Code 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 (NOTL_ flegistered Agent signature required when reinstating) Signature, typed or profed name of registered agent and trie if applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition CARR, WAYNE E. NAME 1.2 NAME 6700 NE 304 ST STREET ADDRESS 1.3 STREET ADDRESS **OKEECHOBEE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP VIDS DELETE TITLE 2.1 THLE ☐ Change Addition CARR, CYNTHIA I.. NAME 22 NAME 6700 NE 304 ST STREET ADDRESS 23 STREET ADDRESS **OKEECHOBEE FL** CITY-ST-ZIP 2 4 CITY-S1-ZIP TITLE DELETE Change 3.1 TITLE Addition CARR, ROGER S NAME 3.2 NAME 6700 NE 304TH ST STREET ADDRESS 3.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 511/11€ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

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 suppliented annual report is true and accurate and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director of the correlation or the receiver of true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or or an attachment with address. 4/2100

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - \$T - ZiP

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP