FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 22 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81042** **(7)**

1. Corporation Name
UHEL POLLY HAULING, INC.

700001414207
-02/23/95--01106--006
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2700 NW 33RD ST POMPANO BEACH FL 33069	% UHEL POLLY, II 5722 S FLAMINGO RD, #161 COOPER CITY FL 33330

3. Date Incorporated or Qualified: 05/16/1988
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21:
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip:
25 Country:

2a. Mailing Address
26: 2700 NW 33 ST
27 Suite, Apt. #, etc.:
28 City & State: POMPANO BEACH, FL
29 Zip: 33069
30 Country: USA

4. FEI Number: 65-0063510 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

POLLY, UHEL, II
10460 S.W. 51ST ST
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name: POLLY, UHEL II
82 Street Address (P.O. Box Number is Not Acceptable): 2700 NW 33 ST.
83:
84 City: POMPANO BEACH FL
85 Zip Code: 33069

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: (if changing registered agent, new agent must sign here) (NEW Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DPS	☒ Change ☐ Addition
NAME	POLLY, LINDA	12 NAME	POLLY, LINDA	
STREET ADDRESS	10460 SW 51 ST.	13 STREET ADDRESS	2700 NW 33 ST.	
CITY ST ZIP	COOPER CITY FL	14 CITY ST ZIP	POMPANO BEACH, FL 33069	
TITLE	DVT	21 TITLE	DVT	☒ Change ☐ Addition
NAME	POLLY, UHEL II	22 NAME	POLLY, UHEL II	
STREET ADDRESS	10460 S W 51 STREET	23 STREET ADDRESS	2700 NW 33 ST,	
CITY ST ZIP	COOPER CITY FL	24 CITY ST ZIP	POMPANO BEACH, FL 33069	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

JOA 1-27

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. Further I 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 on an attachment with an address.

SIGNATURE: Linda Polly PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA POLLY

1/27/95 305 971 3870
Daytime Phone #

0838404 CP