2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000034817** 04-23-2004 90276 026 ***150.00 RAPCO TRUCKING INC. Principal Place of Business Mailing Address 1620 PRIVET COURT 1620 PRIVET COURT MELBOURNE, FL 32940 MELBOURNE, FL 32940 Mailing Address 2. Principal Place of Business 38 HERON 338 HERON Suite, Apt. #, etc. 01192004 CR2E034 (10/03) Applied For City & State 4. FEI Number 20 CO Not Applicable \$8.75 Additional Fee Required П 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, FREDERICK A Street Address (P.O. Box Number is Not Acceptable) 1620 PRIVET-COURT-MELBOURNE, FL 32940 eroh ROAD COCOA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT TITLE Delete THILE ☐ Change Addition FREDERICK A. KAHN NAME NAME 338 HERON ROAD 32926 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TILE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment SIGNATURE:

FILED