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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P07828 (7)

1. Corporation Name
MONTGOMERY TANK LINES, INC.

Principal Place of Business	Mailing Address
3108 CENTRAL AVE. PLANT CITY FL 33567	3108 CENTRAL AVE. PLANT CITY FL 33567-1159

3. Date Incorporated or Qualified: 10/22/1985
3a. Date of Last Report: 01/26/1996
4. FEI Number: 36-2590063 ☐ 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

2. Principal Place of Business	2a. Mailing Address
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

BABBITT, ELTON
3108 CENTRAL DRIVE
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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, 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) DATE

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	DCO	☐	1.1 TITLE		☐	☐
NAME	BABBITT, ELTON		1.2 NAME			
STREET ADDRESS	3108 CENTRAL		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP			
TITLE	VPD	☐	2.1 TITLE		☐	☐
NAME	SMITH, WILLIAM		2.2 NAME			
STREET ADDRESS	3108 CENTRAL		2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP			
TITLE	PD	☒	3.1 TITLE	President & CEO	☒	☐
NAME	O'BRIEN, CHARLES J.		3.2 NAME	MARVIN E. SEXTON		
STREET ADDRESS	3108 CENTRAL		3.3 STREET ADDRESS	3108 CENTRAL DRIVE		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP	PLANT CITY, FL 33567		
TITLE	VPT	☐	4.1 TITLE	SR. Vice President Finance & Treasurer	☒	☐
NAME	BRANDEWIE, RICHARD J		4.2 NAME	Richard J. Brandewie		
STREET ADDRESS	3108 CENTRAL DRIVE		4.3 STREET ADDRESS	3108 Central Drive		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	S	☐	5.1 TITLE		☐	☐
NAME	KASAK, ROBERT R		5.2 NAME			
STREET ADDRESS	3108 CENTRAL		5.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP			
TITLE	D	☐	6.1 TITLE		☐	☐
NAME	MCCULLOUGH, GERALD L.		6.2 NAME			
STREET ADDRESS	20856 N. RAND RD.		6.3 STREET ADDRESS			
CITY-ST-ZIP	BARRINGTON IL		6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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 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: Robert R. Kasak Robert R. Kasak, Corporate Secretary 4/29/97 (813)754-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #