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 MAY -1 AM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08047 (3)

1. Corporation Name
KARLE GRAIN & TRUCKING, INC.

Principal Place of Business: R.R. #5 CRAWFORDSVILLE IN 47933

Mailing Address: R.R. #5 CRAWFORDSVILLE IN 47933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1985	3a. Date of Last Report: 06/15/1994
4. FEI Number: 35-1496230	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. ... Florida Statutes ☐ Yes ☐ No	

2. Principal Office Address (21) / 2a. Mailing Address (26)

9. Name and Address of Current Registered Agent

KARLE, BERNARD W.
10107 TARPON DR.
TREASURE ISLAND FL 33706

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KARLE, BERNARD W.
STREET ADDRESS	R.R. #5
CITY-ST-ZIP	CRAWFORDSVILLE IN
TITLE	~~ST~~
NAME	~~THOMAS, DEBORAH F.~~
STREET ADDRESS	~~P.O. BOX 206-N/A~~
CITY-ST-ZIP	~~NEW MARKET IN~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
TITLE	ST ☑ Change
NAME	Anderson, E. Ann
STREET ADDRESS	R#1, Box 15
CITY-ST-ZIP	Waynetown, IN 47990

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Ann Anderson Sec/Treas. 3·22·95 317·362·9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR