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FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000008302 (0)

1. Corporation Name
MCCOY TRANSPORT, INC.

Principal Place of Business

1920 S.W. 37TH AVE
OCALA FL 34474
US

Mailing Address

1920 SW 37TH AVE
OCALA FL 34474
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0397822		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARLEN, ROBERT M
1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH FL 33428

10. Name and Address of New Registered Agent

81 Name
The Prentice Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
6000025889-46
84 City
Tallahassee
85 Zip Code
32301

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 *Deborah D. Skipper*

Deborah D. Skipper, as agent 6-5-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Director/Chairman
NAME	WEEKES, SHARON M	1.2 NAME	Douglas A. Pertz
STREET ADDRESS	440 N.E. 5TH AVE.	1.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE	DST	2.1 TITLE	Director/VP, Finance/CFO
NAME	MCCOY, GEORGE R	2.2 NAME	Michael E. Salvati
STREET ADDRESS	440 N.E. 5TH AVE.	2.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		3.1 TITLE	Director/VP/S
NAME		3.2 NAME	Edward A. Christensen
STREET ADDRESS		3.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		4.1 TITLE	President
NAME		4.2 NAME	Mike Crowell
STREET ADDRESS		4.3 STREET ADDRESS	1401 Sligh Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32856
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	Thomas E. Pavlick
STREET ADDRESS		5.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		6.1 TITLE	VP/Treasurer
NAME		6.2 NAME	Donald A. Fuller
STREET ADDRESS		6.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Northbrook, IL 60062

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 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 of changes or on an attachment with an address.

SIGNATURE

Kent Snyder KENT SNYDER 5/1/98 352-237-4118

CR2E034 (10/97)