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 MAR 23 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022970 (6)

1. Corporation Name
E & L TRUCKING CORPORATION

Principal Place of Business	Mailing Address
4144 NW 70TH TERRACE GAINESVILLE FL 32606	4144 NW 70TH TERRACE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 E & L Trucking Corp	26 E & L Trucking Corp
Suite, Apt. #, etc. 22 Rt 1, Bx 2635	Suite, Apt. #, etc. 27 14813 NW 60th Ave
City & State 23 Brooson, Fl. ~~32602~~	City & State 28 Gainesville, Fl
Zip / Country 24 32621 / 25 Levy	Zip / Country 29 32602 / 30 Alachua

4. FEI Number: 59-3175402 ☐ 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

WILKS, LELAND L
4144 NW 70TH TERRACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Leland L. Wilks
82 Street Address (P.O. Box Number is Not Acceptable): 14813 NW 60th Ave
83 Gainesville, Fl.
84 City: FL 85 Zip Code: 32606

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: Leland L Wilks, President — 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President ☒ Change ☐ Addition
NAME	WILKS, LELAND L	1.2 NAME	Leland L. Wilks
STREET ADDRESS	4144 NW 70TH TERRACE	1.3 STREET ADDRESS	14813 NW 60th Ave
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Gainesville, Fl. 32606
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. 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: Leland L. Wilks Leland L. Wilks — 1-19-95 — 904-486-7012
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0034400 CP