FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



I LORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023643 (8)

D & E TRUCKING, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 2772 MESQUITE AVE. 2772 MESOUITE AVE. **ORANGE PARK FL 32065 ORANGE PARK FL 32065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/29/1993</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3293050 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 30 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ERNST, DANNY C 2772 MESQUITE AVE 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32085 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registerest alignit and late if applicable (NOTE: Registered Agent signature required when reinstating) 10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE **ERNST, DANNY C** 1.2 NAME NAME **CR2E034** 2772 MESQUITE AVE STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 THLE **ERNST, ELEANOR M** NAME 2.2 NAME 2772 MESQUITE AVE 2.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(1Y - ST - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplieriental 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.

6.3 STREET ADDRESS