SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P9300

DOCUMENT # P93000028495 (8)

DARN-PEARL TRUCKING INC.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FILED Jul 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

4	[25]	29	30			Personal Property Tax due June 30 Yes No	
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent	_
PERRY, PEARLIE M 1783 DAYTONA LANE			8	2	Name Street Add	dress (P.O. Box Number is Not Acceptable)	_
JACI	KSONVILLE FL 32218		L	\perp			
	•		8	3			
			8	4	City	FL 85 Zip Code	
office or	registered agent, or both, in the Standard accept the ob	ate of Florida. Such change was	authorized t	bv t	the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered $7-10-98$	7
	Signature, typed or printed name of registered a	agent and title If applicable. (N	NOTE: Registered	Age	ent signature re	equired when reinstating) DATE	_
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE			Change Addition	
NAME	PERRY, PEARLIE M.		1.2 NAME	E			
STREET ADDRESS	1783 DAYTONA LANE		1.3 STRE	ETA	DDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		1,4 CITY-		Z(P		
TITLE		DELETE	2.1 TITLE		ĺ	Change Addition	į
NAME			2.2 NAME	Ē			
STREET ADDRESS			2.3 STRE	ETA	DDRESS		
CITY-ST-ZIP			2.4 CITY-	_	UP		_
TITLE] DELETE	3.1 TITLE		į	Change Addition	
NAME			3.2 NAME	Ε			
STREET ADDRESS			3.3 STRE	ET A	.DDRESS		
CITY-ST-ZIP			3.4 CITY-		<u>!IP</u>		4
TITLE	-	DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME	-			
STREET ADDRESS			4.3 STREI	ETA	DORESS		
CITY-ST-ZIP			4.4 CITY-		SIP		_
TITLE	-	DELETE	6.1 TITLE			Change Addition	
NAME			5.2 NAME	-	ĺ		
STREET ADDRESS			5.3 STREE	ET A	DDRESS		
CITY-ST-ZIP			5.4 CITY	_	MP		ļ
TITLE		DELETE	6.1 TITLE			Change Addition	١
NAME	•		6.2 NAME	-	1		Ì
STREET ADORESS			6.3 STREI	ETA	DDRESS		
CITY-ST-ZIP			6.4 CITY				إ
indicated of an officer of	on this an nual report or supplement	tal annual report is true and accu receiver or trustee empowered t	urate and tha	al m	ny signatur	ection 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears	

Qual REDITIES