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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049221 (3)

ROBERT'S TRUCKING OF TAMPA, INC.

Principal Place of Business Mailing Address 1209 E 28TH AVE 1209 E 28TH AVE TAMPA FL 33605 TAMPA FL 33605-1033 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1993 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3124772 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 🖬 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARADELA, ROBERTO L 1209 E 28TH AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33605** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prored name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition PARADELA, ROBERTO L NAME 1.2 NAME 1209 E 28TH AVE STREET ADDRESS 13 STREET ADDRESS TAMPA FL CITY-ST-ZIP 14 City-St-ZiP TITLE DELETE 21 TITLE Change ■ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-SY-ZIP DELETE MILE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE 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 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

SIGNATURE:

appears in Block 12 or Block 13 if

JUHE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

JAN-31-97

(813) 247-6012

(96/6)

FILED

Feb 07 1997 8:00am

Secretary of State