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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 17 1998 8:00am Secretary of State

1998 DOCUMENT # P93000064537 (2) R & L CHERRY TRUCKING, INC. Principal Place of Business Mailing Address 125 ELENA DRIVE P O BOX 1006 **WOODVILLE FL 32362** WOODVILLE FL 32362 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-3206068 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country 8. This corporation owes or has paid the current year Intangible 24 26 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHERRY, LUCY A 125 ELENA DR 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL FL 83 84 City 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 printed name of registered agent and title if 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 CHERRY, RICHMOND D NAME 1.2 NAME 125 ELENA DRIVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition CHERRY, LUCY A NAME 22 NAME 125 ELENA DRIVE STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7iP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 cath; 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: