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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:50

DOCUMENT # P93000085343 (0)

1. Corporation Name
DITTRICH TRUCKING INC.

Principal Place of Business	Mailing Address
PO BOX 597 CRYSTAL RIVER FL 34429	PO BOX 597 CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6011 Homosassa Trail
22 Suite, Apt. #, etc.
23 City & State: Homosassa, Fl.
24 Zip: 34478 25 Country: Citrus

2a. Mailing Address
26 PO Box 597
27 Suite, Apt. #, etc.
28 City & State: Homosassa, Fl.
29 Zip: 34487 30 Country: Citrus

4. FEI Number: 59-3213977 ☐ 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

DIRSMITH, SUSAN T
255 SE US HWY 19
SUITE 18
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: JOHN DITTRICH
82 Street Address (P.O. Box Number is Not Acceptable): 6671 Bassett Drive
83
84 City: Homosassa, FL 85 Zip Code: 34483

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: JOHN DITTRICH X John Dittrich 3-22-95
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	☐ Change ☐ Addition
NAME	DITTRICH, ELLEN	1.2 NAME	
STREET ADDRESS	PO BOX 597 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34487	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DITTRICH, JOHN	2.2 NAME	
STREET ADDRESS	PO BOX 597 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34487	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 declare (verify) 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: X Ellen Dittrich 3-22-95 904-628-4813
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Ellen Dittrich — Date — Daytime Phone #

0466794 FP