SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000008747 (5)**

1. Corporation Name

W.A.B. TRUCKING, INC.

Principal Place of Business	Mailing Address
RT 3 BOX 454 TRENTON FL 32693	RT 3 BOX 454 TRENTON FL 32693

3. Date Incorporated or Qualified: **01/25/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 15451 NW 50 AVE
Suite, Apt. #, etc. 22:
City & State 23: TRENTON FLA.
Zip 24: 32693 Country 25: LEVY

2a. Mailing Address
26: 15451 NW 50 AVE
Suite, Apt. #, etc. 27:
City & State 28: TRENTON FLA.
Zip 29: 32693 Country 30: LEVY

4. FEI Number: **59-3226775** ☐ 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

BUSSARD, BARBARA
RT 3 BOX 454
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	BUSSARD, WALTER A		12 NAME	BUSSARD, WALTER A	
STREET ADDRESS	RT 3 BOX 454		13 STREET ADDRESS	15451 NW 50 AVE	
CITY-ST-ZIP	TRENTON FL 32693		14 CITY-ST-ZIP	TRENTON, FLA 32693	
TITLE	D	☐ DELETE	21 TITLE	V. PRESIDENT	☐ Change ☑ Addition
NAME	BUSSARD, BARBARA		22 NAME	BUSSARD, BARBARA	
STREET ADDRESS	RT 3 BOX 454		23 STREET ADDRESS	15451 NW 50 AVE	
CITY-ST-ZIP	TRENTON FL 32693		24 CITY-ST-ZIP	TRENTON, FLA 32693	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Bussard BARBARA BUSSARD 7-10 96 352 463-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number