FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 09 1997 8:00am

Secretary of State

4-18-57

DOCUMENT # P94000021169 (5)

TIGER TRANSPORTATION OF FLORIDA, INC. Principal Place of Business Mailing Address 1307 MARTIN LUTHER KING JR. BLVD. P O BOX 9284 PLANT CITY FL 33566 PLANT CITY FL 33567 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1994 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3230703 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAWTON, JERRY K 1307 MARTIN LUTHER KING JR. BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 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, typod or printed 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 96/6) TITLE DELETE 1.1 TITLE Change Addition LAWTON, JERRY K NAME 1.2 NAME STREET ADDRESS 2504 ROBIN DRIVE 1.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TILE Addition ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELETE 3.1 TO LE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7(P DELETE TITLE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 \$1REE1 ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 1016 Сћалде Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP DELETE 6 1 10 LE Change Addition NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS CITY-ST-ZIP 64 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 outh; 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.