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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000036896 (6)

1. Corporation Name
PAUL'S TRUCKING COMPANY, INC.

Principal Place of Business	Mailing Address
725 KINGSWAY CIRCLE PORT CHARLOTTE FL 33821	725 KINGSWAY CIRCLE PORT CHARLOTTE FL 33821

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	21: 725 Kingsway Circle	2a. Mailing Address	26: 725 Kingsway Circle
Suite, Apt. #, etc.	22: 1003	Suite, Apt. #, etc.	27: 1003
City & State	23: Arcadia FL	City & State	28: Arcadia FL
Zip / Country	24: 33821 / 25: DeSoto	Zip / Country	29: 33821 / 30: DeSoto

4. FEI Number: 59-325 3314 ☐ 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

BALDEO, BHOOPAUL
725 KINGSWAY CIRCLE
PORT CHARLOTTE FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: ARCADIA FL 85 Zip Code: 33821

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	BALDEO, BHOOPAUL	12 NAME	
STREET ADDRESS	725 KINGSWAY CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33821	14 CITY ST ZIP	ARCADIA FL 33821
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	RAKHERAM, CHANDRA	22 NAME	CHANDRA R. BALDEO
STREET ADDRESS	725 KINGSWAY CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33821	24 CITY ST ZIP	ARCADIA FL 33821
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

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)(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: Chandra R. Baldeo (CHANDRA R. BALDEO) 5/1/95 (813) 743-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0447471 FP