FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037481 (6)

1. Corporate Name
CLASSIC TRUCKING, INC.

Principal Place of Business
5950 SE 138TH STREET
HOBE SOUND FL 33455

Mailing Address
5950 SE 138TH STREET
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 991
Suite, Apt #, etc. 27
City & State 28 HOBE SOUND, FL.
Zip 29 33475 Country 30 USA

4. FEI Number: 65-0494407 ☐ 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
CAWTHORNE, SUSAN J
TWO FIRST NATL CNTR.
50 KINDRED ST.
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name: PAULA K. JENKINS
82 Street Address (P.O. Box Number is Not Acceptable): 8756 SE BAHAMA CIRCLE
83
84 City: HOBE SOUND, FL 85 Zip Code: 33455

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: PAULA K. JENKINS, PRES. *Paula K. Jenkins* Date: 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JENKINS, PAULA
STREET ADDRESS	8756 SE BAHAMA CIRCLE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	DV
NAME	JENKINS, SCOTT A
STREET ADDRESS	8756 SE BAHAMA CIRCLE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	DST
NAME	JENKINS, DONALD A
STREET ADDRESS	8756 SE BAHAMA CIRCLE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition) — blank

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(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula K. Jenkins* PAULA K. JENKINS 4/28/95 407-546-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268315 CP