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

APPROVED AND FILED
95 MAR 23 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039785 (8)

1. Corporation Name
SUPERIOR TRUCKING, INC.

Principal Place of Business	Mailing Address
3275 SAND RD. CAPE CORAL FL 33909	3275 SAND RD. CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 P.O. Box 2662	Suite, Apt. #, etc.: 27 P.O. Box 2662
City & State: 23 Clewiston, FL	City & State: 28 Clewiston FL
Zip: 24 33440 Country: 25	Zip: 29 33440 Country: 30

4. FEI Number: 59-3244846 ☐ 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	10. Name and Address of New Registered Agent
POWELL, WILLIAM M 2002 DEL PRADO BLVD. SUITE 105 CAPE CORAL FL 33990	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	BROWN, THOMAS R JR.	1.2 NAME	PARIS, Alan L	
STREET ADDRESS	3275 SAND RD.	1.3 STREET ADDRESS	P.O. Box 2662	
CITY-ST-ZIP	CAPE CORAL FL 33909	1.4 CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	V	2.1 TITLE	VTS	☒ Change ☐ Addition
NAME	STRATZ, GARY J	2.2 NAME	Armatti, Aaron S	
STREET ADDRESS	8389 CORAL DR.	2.3 STREET ADDRESS	539 W. Hatti ST.	
CITY-ST-ZIP	FORT MYERS FL 33912	2.4 CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	PARIS, ALAN L	3.2 NAME		
STREET ADDRESS	17240-8 TERRAVERDE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMATTI, AARON J	4.2 NAME		
STREET ADDRESS	17240 TERRAVERDE CIR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	DELMONT, JAMES C	5.2 NAME		
STREET ADDRESS	17390 ELLIE DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT MYERS FL 33912	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 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: [signature] 3-20-95 (813) 983-0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0450318 FP