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 MAY -1 PM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046741 (2)**

1. Corporation Name
EXXACT TRANSPORT, INC.

Principal Place of Business
705 NORTH LAKE PARKER AVENUE
LAKELAND FL 33801

Mailing Address
705 NORTH LAKE PARKER AVENUE
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 621 N. Lake Parker Ave.
Suite, Apt. #, etc. 22
City & State 23 Lakeland, Fl.
Zip 24 33801 Country 25 US

2a. Mailing Address
26 P. O. Box 90545
Suite, Apt. #, etc. 27
City & State 28 Lakeland, Fl.
Zip 29 33804 Country 30 US

4. FEI Number: 59-3254444 — 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
ICARDI, ALDO
990 LEWIS DRIVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: KEDZUF, DEBRA A.
82 Street Address (P.O. Box Number is Not Acceptable): 621 N. LAKE PARKER AVENUE
83
84 City: LAKELAND FL 85 Zip Code: 33801

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: Debra A. Kedzuf — Debra A. Kedzuf — 4/25/95
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEDZUF, DEBORAH ANNE
STREET ADDRESS	705 NORTH LAKE PARKER AVENUE
CITY ST ZIP	LAKELAND FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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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

1.1 TITLE	PSD	☒ Change ☐ Addition
1.2 NAME	KEDZUF, DEBRA A.	
1.3 STREET ADDRESS	621 N. LAKE PARKER AVENUE	
1.4 CITY ST ZIP	LAKELAND, FL. 33801	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), Florida Statutes. I further certify that the information indicated on the 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: Debra A. Kedzuf, President — Debra A. Kedzuf Pres. — 4/25/95 — 813-682-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001787 CP