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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000056900 (1)

A TO Z TRUCKING & HAULING, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



1627 GANDY STREET JACKSONVILLE FL 32208		1827 GANDY STREET JACKSONVILLE FL 32208			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 08/01/1994	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. BOX	26 P.O. Box 40152		59-3259771	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		ZE JACKSONVIL	LE, F	LORIDA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country			
24	25		30 Du	VHL		Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FULLWOOD, EDWARD				81 Name		
1627 GANDY STREET			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32208			83	l		
			"	1		
			84	City	Fi	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					4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature, typed or printed name of registr			ent signature rec	quired when reinstating) DATE	D DIRECTORS IN 10
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	D FOUND	☐ DELETE	1.1 TITLE			☐ cliange ☐ wouldon
NAME	FULLWOOD, EDWARD		1.2 NAME			
STREET ADDRESS	1627 GANDY STREET		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 322		1.4 CITY	ST-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME:			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CITY-	ST - ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME	ļ		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY+ST-ZIP			3.4. C/TY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	+		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS	·	
CITY-ST-ZIP			6.4 CITY			
	Lectify that the information supp	lied with this filing does not qualify fo			in Section 119.07(3)(i), Florida Statutes. I further of	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.

GNATURE:

SIGNATURE: