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 AM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085814 (9)

1. Corporate Name
BY-WAYS TRUCKING, INC.

Principal Place of Business: ~~1101 S 14TH ST~~ LEESBURG FL 34748

Mailing Address: ~~1101 S 14TH ST~~ LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2323 So 14th st.
22: Suite, Apt. # etc.
23: City & State: Leesburg, Fl
24: Zip: 34748 25: County: Lake

2a. Mailing Address
26: 2323 So 14th st.
27: Suite, Apt. # etc.
28: City & State: Leesburg, Fl
29: Zip: 34748 30: County: Lake

4. FEI Number: 59-3287215 ☐ 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. X Yes ☐ No

9. Name and Address of Current Registered Agent

MCCOMAS, WILLIAM C
~~1101 S 14TH ST~~ 2323 S. 14th st
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 [signature] William C. McComas Vice President 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MCCOMAS, WILLIAM C	1 NAME	
STREET ADDRESS	7238 HILLCREST ST	1 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	BAKER, FRED J	2 NAME	
STREET ADDRESS	4525 CR 48	2 STREET ADDRESS	
CITY-ST-ZIP	OKAHUMPKA FL 34762	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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] William C. McComas 5/1/95 904 324-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0376821 CP