

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000089725 (3)			
1. Corporation Name OUTRIDER TRUCKING, INC.			
Principal Place of Business 1250 BAYSHORE ROAD GULF BREEZE FL 32561		Mailing Address 1250 BAYSHORE ROAD GULF BREEZE FL 32561	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 12/12/1984	
21	2a. Mailing Address	4. FEI Number 59-3253710	
Suits, Apt. #, etc.		Applied For: Not Applicable	
22	2b. City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	2c. Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	2d. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent EWING, RAYMOND M 1821 N. PACE BLVD. PENSACOLA FL 32505		9. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1503, 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 607.0605, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	EWING, NORMA H	☐ Change ☐ Addition	
STREET ADDRESS	1250 BAYSHORE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STD	EWING, MICHAEL R	☐ Change ☐ Addition	
STREET ADDRESS	1250 BAYSHORE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	SHIRLAU, MARK	☐ Change ☐ Addition	
STREET ADDRESS	20200 RIVER BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE RIO CA 95462	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing 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: <i>Norma H. Ewing</i>		9-30-98	

CR2E034 (5/98)