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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003722 (2)

WEAVER'S TRUCKING SERVICE, INC.

Mailing Address 1907 N. ORANGE STREET 1907 N. ORANGE STREET MOUNT DORA FL 32757 MOUNT DORA FL 32757-3015 3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3114079 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ Country This corporation has liability for intangible tex under s. 199.032, Florida Statutes
Yes
X
No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WEAVER, KARENA J 1907 N. ORANGE STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MOUNT DORA FL 32757** 83 84 City Zio 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 Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and account he optigations of, Section 607.0505, Florida Statutes. Vice SIGNATURE uired when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 1.1 TITLE PD Change Addition NAME WEAVER, RODRICK V 1.2 NAME 1907 N. ORANGE STREET STREET ADDRESS 1.3 STREET ADDRESS **MOUNT DORA FL 32757** CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE THILE 2.1 TITLE ☐ Change Addition NAME WEAVER, KARENA J 22 NAME 1907 N. ORANGE STREET STREET ADDRESS 2.3 STREET ADDRESS **MOUNT DORA FI. 32757** C(1Y - S) - 2(P 2 4 CITY-ST-ZIP THEF DELETE 31 TITLE Change Addition NAME 30 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZiP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition

6.4 CITY - ST - ZIP 14. I do 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 eport 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 coeffer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

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May 08 1997 8:00am

Secretary of State