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FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000006613 (0)

1. Corporation Name

LAKELAND TRUCK SERVICES, INC.



Principal Place of Business

Mailing Address

621 N LAKE PARKER AVE  
LAKELAND FL 33801

621 N LAKE PARKER AVE  
LAKELAND FL 33801-2040

3. Date incorporated or Qualified

01/18/1995

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. BOX 95545

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 LAKELAND, FLORIDA

24 Zip Country 25 33804-5545 29 USA 30

4. FEI Number  
59-3293431

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

10. Name and Address of New Registered Agent

KEDZUF, MARY M  
621 N LAKE PARKER AVE  
LAKELAND FL 33801

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE  
DPS  
KEDZUF, MARY M  
STREET ADDRESS  
621 N LAKE PARKER AVE  
CITY-ST-ZIP  
LAKELAND FL

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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:

MARY M KEDZUF

4-10-97 941182-1111

CR2E034 (9/96)