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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000014918 (3) **DOCUMENT #**

FLORIDA-WIDE TRUCKING, INC.

Malino Address Principal Place of Business 3590 N.W. 3RD AVENUE 3590 N.W. 3RD AVENUE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/21/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0550389 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip X Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HURD, DEBORAH A 82 3590 N.W. 3RD AVENUE 83 **BOCA RATON FL 33431** 85 Zip Code 84 City 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. (NCTE: Repistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and titred applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition []] DELETE 1 1 THILE TITLE PTSD 1.2 NAME HURD, DEBORAH A NAME 1.3 STREET ADDRESS 3590 N.W. 3RD AVENUE STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change [] DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREEL ADDRESS 2.4 CITY - \$1 - ZIP CITY-ST-ZIP [] Addition ☐ Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition [] DELETE 5 1 TITLE TITLE

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)(k), 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 or an attachment with an address.

5.2 NAME

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6.2 NAME

5 3 STREET ADDRESS

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NAME

TITLE

NAME

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CITY-ST-ZIP

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