FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| | al report 1996 | | | ecretary of Sta NOF-CORPOR | | | | | | |
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| DOCUN 1. Corporation | MENT # | P950000 | 21620 | (6) | | | | | | |
| ELITE ' | TRUCKING, II | 1 C. | | | | | | | | |
| Principal Place | of Business | | Mailing Address | - 20 1000 10 100 100 100 100 100 100 100 | | | | ODDIN ODDIO HORI | | 1 0 00 FBB |
| 16535 ALBRIGHT ROAD 16535 ALBRIGHT ROAD | | | | | | | | | | |
| SPRING HILL | | | SPRING HILL FL | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 03/09/1995 | 3a. Date of | Last Re | port |
| 2. Principal Pla | ice of Business | | a. Mailing Add∕ess | | | | 4. FEI Number | ·—— | | pplied For |
| Suite, Apt. # | t etc | 26 | Suite, Apt. #, et | | | | 59-3300660 | | | lot Applicable |
| 22 | , etc. | 27 | 1 | <i>y</i> . | | | 5. Certificate of Status Desired | | | Additional lequired |
| City & State | | 28 | Gity & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Ζιρ 24 | Country 25 | | Zip | Cou | | | l | s □No | | |
| | 9. Name and A | ddress of Current Reg | istered Agent | | 61 Nan | ne | 10. Name and Address of New R | egistered Age | ent | |
| O'DILEY EDANK D | | | | | | | /BO B. N. J. J. M. J. | | | |
| 16535 ALBRIGHT ROAD | | | | | 82 Stre | et Addres | ss (P.O. Box Number is Not Acceptabl | Θ) | | |
| SPRING HILL FL 34610 | | | | | 83 | | | | | |
| | | | | | 84 City | | | [8 | 35 Zip | Code |
| | | | | | | | generalis per experience de la company de | PL | 1 | |
| or registere | ed agent, or both, ir | n the State of Florida. Su | ch change was aut | horized by the | ove-named corporation | i corporat n's board | ion submits this statement for the purp of directors. I hereby accept the appo | pose of changi pintment as reg | ng its re jistered | gistered office agent. I am |
| | h, and accept the c | bligations of, Section 60 | 7.0505, Florida Sta | tutes. | | | | | | |
| SIGNATURE | Signature, typed or printed | name of registered agent and title | it applicable | (NOTE: Bugistere | J Agort signati | re required v | rhen remetating) | DATÉ | | |
| 12. | | OFFICERS AND DIRE | the comment of the same and the same of | 13. | | | ADDITIONS/CHANGES TO OFFI | | | |
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| City - ST - ZiP | SPRING HILL | | | | ITY+ST+ZIP | | | | | 100 |
| TITLE | | | DELF IE | 2 1 1 | | D | | | hange | Addition |
| NAME | | | | 2 2 N | AME | we | inoy O'Riley 535 Albright Ri | 1 | | |
| STREET ADDRESS | | | | 238 | TREFT ADDRES | s 14 | 535 Albright Ki | ad | | · |
| CITY - ST - ZIP | | | | | ITY+ST-ZIP | S | ring HUL, FL. | 3461 <u>0</u> | | |
| TOLE | | | ☐ DELETE | 3 1 1 | | | • | | hange | Addition |
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| STREET ADDRESS CITY - ST - ZIP | | | | | STREET ADDRE ITY-ST-ZIP | 22 | | | | |
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| NAMÉ | | | | 52 N | | | | | | |
| STREET ADDRESS | | | | | TREET ADDRES | 55 | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 540 611 | ITY-ST-ZiP IITLE | | | П | hange | Addition |
| NAME | | | | 62 N | | | | ٠ | 97 | |
| STREET ADDRESS | | | | | TREET ADDRES | SS S | | | | |
| CITY - ST - ZIP | | | | | ITY - ST - 7:P | | | | | |
| | certify that the info | ormation supplied with th | is filing is voluntarily | | | qualify for | the exemption stated in Section 119.0 | 07(3)(k), Florida | Statute | es. 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 13 if changed, or on an attachment with an address.

× 3-18-96 × 813-856-1135