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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

R. HIGO	GINS TRUCKING, INC. e of Business SHORE TERRACE	Mailing Address 4313 SE BAYSHORE TE STUART FL 34997			DO NOT WRITE IN THIS	
2. Principal P	lace of Business	2a. Mailing Address			03/20/1995 4. FEI Number	Applied For
21	26				65-0570962	Not Applicable
Suite, Apt. #, etc. Suite. 22 27		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 	Countr	J	Trust Fund Contribution	Added to Fees
24			30	•	 This corporation owes or has paid the c Personal Property Tax due June 30. 	Yes No
9, Name and Address of Current Registered Agent				,	10. Name and Address of New Registered	Agent
	GGINS, RICHARD		81	Name		
4313 SE BAYSHORE TERRACE STUART FL 34997			82	82 Street Address (P.O. Box Number is Not Acceptable		
311	UART FL 3499/		83			
				<u> </u>		
			84	City	FI	85 Zip Code
I office or re	to the provisions of Sections 607.0502 egistered agent, or bolh, in the State o m familiar with, and accept the obligat	l Florida. Such change was	authorized b	v the corporat	oration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered aspent	au citulic il amplicable (NC	III : Booistored Ac	enl sonature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME HIGGINS, RICHARD STREET ADDRESS 4313 SE BAYSHORE TERRACE		1.2 NAME				
CTUADT EL 24007			1	ADDRESS		
CITY-ST-ZIP	DELETE		2.1 TITLE	ST - ZIP		Change Addition
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 \$1REE	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME	4E		3.2 NAME	j		
STREET ADDRESS			3.3 STREE			
CITY-ST-ZIP		DELETE	3.4. CITY-	SI - ZIP		Change Addition
TITLE		□ perrie	4.1 TITLE			☐ Change ☐ Addition
NAME Street address			4. 2 NAME 4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TULE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	iT - ZiP		

14. Thereby 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.