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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

n

CITY-ST-ZIP



FLORIDA DEPARTMEN OF STATE

Sandra B. Mocham

FILED

Apr 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000022945 (6) DOCUMENT # 1. Corporation Name

DOUBLE ZERO TRANSPORTATION, INC.

Principal Place of Business 2714 ELMWOOD RD. 2714 ELMIYOOD RD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 03/20/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3304999 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Žip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HALL, CHESTER 2714 ELMWOOD RD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it approable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE HALL, CHESTER 1.2 NAME NAME 2714 ELMWOOD RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DΫ DELETE 21 TITLE TITLE HALL, SHELIA NAME 2.2 NAME 2714 ELMWOOD RD. 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 2 4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change DELETE 31 TOTALE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 THLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

14. I 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. Vice: President 4-14-90