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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P95000024159 (2)

WALSH & WALSH TRUCKING INC.

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business Maling Address 1612 JONES ST 1612 JONES ST S DAYTONA FL 32119 S DAYTONA FL 32119-2151 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1995 07/15/1996 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3299503 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žφ Ζφ Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 24 29 olusi a Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROSE, CUFFORD A 1612 JONES ST 82 Street Address (P.O. Box Number is Not Acceptable) S DAYTONA FL 32119 83 84 City 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. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typerior princed have of high conditions in differ happinate (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TULE 1.1 TITLE WALSH, JAMES M 1.2 NAME CR2E034 **432 HILLTOP CT** STREET ADDRESS 1.3 STREET ADDRESS DELAND FL 32724 14 CITY - ST-ZIP City - St - ZVP DELETE Change Addition THILE 21 TITLE WALSH, MARY F 2.2 NAME NAME 432 HILLTOP CT STREET ADDRESS 2.3 STREET ADDRESS DELAND FL 32724 2. 4 CITY - ST - ZIP CITY ST-ZP DELF 1F ☐ Change Addition TiTLE 3 1 THEF 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY - ST - ZIP DELETE Change Addition TILLE 4 1 TITLE NAVI-4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4 4 CITY - ST - ZIP Change Addition DELETE 5.1 TILLE TILLE 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY ST-20 DELETE 6. THILE ☐ Change Addition TiTré NAME 6.2 NAME 6.3 STREET ADDRESS STREET ACORESS 6.4 CITY - ST-ZIP CHY-ST ZIP 14. Too 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 acroup report or suppliemental 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 efficiency of the component or the receiver or truestee disposured to execute this report as required by Chapter 607, Florida Statutes; and that my name

all

FILED Jan 14 1997 8:00am Secretary of State

