[redacted]ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000025660 (8)**

1. Corporation Name

CHEROKEE TRANSPORTATION, INC.

Principal Place of Business	Mailing Address (NEW)
~~134 PALM DRIVE~~ ~~DEBARY FL 32713~~ 1760 US Hwy 27 S Frostproof, FL 33843	~~134 PALM DRIVE~~ ~~DEBARY FL 32713~~ 1760 US Hwy 27 S. Frostproof, FL 33843

3. Date Incorporated or Qualified: 03/30/1995 — 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21: 1760 U.S. Hwy 27 S.	26: 1760 U.S. Hwy 27 S.
Suite, Apt. #, etc — 22:	Suite, Apt. #, etc — 27:
City & State — 23: Frostproof, Fl	City & State — 28: Frostproof, Fl
Zip — 24: 33843 — Country — 25:	Zip — 29: 33843 — Country — 30: USA

4. FEI Number: 59-3302434 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, SHEREE J
134 PALM DRIVE
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1760 U.S. Hwy 27 S.

83

84 City: Frostproof — FL — 85 Zip Code: 33843

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (Signature, Type or Printed Name of Registered Agent and Title, if Applicable) (NEW: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PARKER, SHEREE J		1.2 NAME	Parker, Sheree J.	
STREET ADDRESS	134 PALM DRIVE		1.3 STREET ADDRESS	1760 U.S. Hwy 27 S.	
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP	Frostproof, Fl 33843	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PARKER, LARRY E		2.2 NAME	Parker, Larry E.	
STREET ADDRESS	134 PALM DRIVE		2.3 STREET ADDRESS	1760 U.S. Hwy 27 S.	
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP	Frostproof, Fl 33843	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	900001842983 -05/29/96--01110--042 ***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-1-96 SJR

CR2E034 (12/95)

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)(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.

SIGNATURE: Larry E. Parker — 4-25-96 — 941 635 5527 ~~417-742-9854~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #