FILE 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 # P95000026313 (3)

1. Corporation Name
H.M. SHAFFER TRUCKING, INC.

Principal Place of Business	Mailing Address
34301 SUNRIDGE DRIVE RIDGEMANOR FL 33525	34301 SUNRIDGE DRIVE RIDGEMANOR FL 33525

3. Date Incorporated or Qualified: 03/30/1995
3a. Date of Last Report: 1/2/96

2. Principal Place of Business 21 34301-Sunridge Dr.	2a. Mailing Address 26 Same as above	4. FEI Number 65-0585572-226121	Applied For Not Applicable
Suite, Apt. #, etc. 22 Ridge Manor	Suite, Apt. #, etc. 27 P. Home	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Fl	City & State 28 Ridge Manor Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33525 — Country 25 Hernando	Zip 29 33525 — Country 30 Hernando	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SHAFFER, HENRY M
34301 SUNRIDGE DRIVE
RIDGEMANOR FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathleen F. Shaffer V. Pres. + Secty. Kathleen F Shaffer 5/6/96
Signature, typed or printed name of Registered Agent and title, if applicable (If CR Registered Agent is a corporation, the signature must be that of an officer or director of the corporation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFFER, HENRY M Pres. 34301 SUNRIDGE DRIVE RIDGEMANOR FL 33525 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES SHAFFER KATHLEEN 34301-SUNRidge DR. Vice Pres Ridge Manor fl 33525 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENRY M SHAFFER 34301-SUNRidge. DR RidgeMANOR FL 33525 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KATHLEEN F SHAFFER 34301-SUNRidge-DR. RidgeMANOR-FL 33525 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Kathleen F Shaffer Vice Pres. 5/12/96 352-583-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #