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

DOCUMENT # P95000036747 (0)

RIOS TRUCKING, INC.

2. Principal Place of Business

Suite, Apt. ₩, etc.

SIGNATURE:

21

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Principal Place of Business	Mailing Address	
5233 SR-80 WEST	5233 SE-80 WEST	
ALVA FL 33920	ALVA FL 33920	
US	U\$	

26

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 05/05/1995

65-0588831

5. Certificate of Status Desired

1-20-98

4. FEI Number

City & State	City & State City & State					6. E	6. Election Campaign Financing \$5.00 May					
23	28						Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Coun	Country		8. T	his corpora	ation owe	s or has p		rent year Int	- · I
24	25	29	30	30			ersonal Pro					No
		f Current Registered Agent		na I		10. N	lame and	Address	of New R	egistered	Agent	———
LUCKEY, OWEN L JR 722 TRADER RD. LABELLE FL 33935			['	B1	Name							İ
			Ţ	82	Street A	Address (P.C	D. Box Num	ber is No	t Accepta	ible)		
			h.	B3		·						
			Į'	B3								
			Ţ	B4	City	· <u>-</u>		<u> </u>		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE LUCKEY OWEN J. JR. 722 Trader Rd. Labelle F1. 33935 1-20-98 Signature, typed or pringly game of registered agent and tale it applicable (NOTE Registered Agent signature required when reinstating) DATE												
12.		ERS AND DIRECTORS	13.			AD	DITIONS/0	CHANGES	S TO OFF	ICERS AND	DIRECTOR	
TITLE	D	DELET	E 1.1 T(T)	L E							☐ Change	Addition
NAME	RIOS, JAMIE A		1.2 NA	ME								
Street Address	5233 STATE ROAD 8) W.	1.3 STR	EET A	ADDRESS							,
CITY-ST-ZIP	ALVA FL		1.4 CIT	Y-ST	- ZIP							
TITLE	D	☐ DELET	E 2.1 TITE	Æ							☐ Change	Addition
NAME	RIOS, JOSUE D		2.2 NAI	ME	1							1
STREET ADDRESS	5233 STATE ROAD 8) W.	2.3 STR	EET #	ADDRESS .							
CITY-ST-ZIP	ALVA FL		2 4 CIT	Y-\$1	- 2IP							
TITLE :		☐ DELET	E 3.1 TITL	.E	1						Change	Addition
NAME			3.2 NA	WE								1
STREET ADDRESS			3.3 STR	EET A	ADDRESS							ĺ
CITY-ST-ZIP			3.4, CIT		- 216							
TITLE		☐ DELET	1		- 1						Change	Addition
NAME			4. 2 NA									
STREET ADDRESS			4.3 STR	IEET A	ADDRESS							J
CITY - ST - ZIP		- On Ft	4.4 CIT		-ZIP						<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THLE		☐ DELET			1	 					Change	Addition
NAME			5.2 NA		1							ľ
STREET ADDRESS		•			ADDRESS .							
CITY - ST - ZIP		DELET	5.4 CIT	_	-ZIP	 					Change	Addition
TITLE		· L DELET									⊢ crαuθs	C Manipoli (
NAME			6.2 NA)	-]						J
STREET ADDRESS					ADDRESS (
CITY-S1-ZIP	cortify that the information or	nnliad with this filing does not au-	6.4 CIT			ed in Section	119 07/21/	i) Florida	Statutos	1 further or	artify that the	information
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.												