## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	ORPORATION Sandra B. Mortham INUAL REPORT Secretary of State DIVISION OF CORPORATIONS								
DOCUM 1. Corporation	MENT # P95000	042485 (9	<del>}</del> )	_					
SCARL	ET IBIS TRUCKING INC.					I TOURNOU RO LOUR DINN DE	)): <b>11</b> 14 <b>11</b> 41		)
Principal Place of Business Malling Address									
5501 Indian Hill Road Orlando Fl 32808		5501 INDIAN HILL ROAD ORLANDO FL 32808							
						3. Date Incorporated or Qualified 05/25/1995	<b>3a</b> , Da	ite of Last	Report
2. Principal Plac	F=	2a. Mailing Address				4. FEI Number 59-332168	2		Applied For Not Applicable
Suite, Apt. #	F	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			75 Additional e Required
City & State		City & State	-			Election Campaign Financing     Trust Fund Contribution			00 May Be ded to Fees
Zip	Country	Zip 29	G⊙∪ 30	ntry		8. This corporation has liability for Florida Statutes	intangible s • Mo	tax under	s 199.032,
.41	9. Name and Address of Current Re					10. Name and Address of New	Registere	3 Agent	
WILLIAMS, JENELLE 5501 INDIAN HILL ROAD ORLANDO FL 32808				81 82 83	Name Street Add	ress (P.O. Box Number is Not Accepta	ole)		
ONDANDO PL 32000							F	85	Zip Code
or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida. S h, and accept the obligations of, Section 6	Such change was authori 507.0505, Florida Statute	zea by the (	corp	oration s boa	rg of directors. Thereby accept the ap	poi intent	hanging its as register	s registered office ed agent. I am
12,	Signature, typed or printed name of registered agent and t OFFICERS AND DI		OTE: Registered	Ager	nt signature require	ad when reinslating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.11	ITLE				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS	WILLIAMS, JENELLE 5501 INDIAN HILL ROAD			1.2 NAME 1.3 STREET ADDRESS					
C:TY-ST-ZIP	ORLANDO FL 32808	r Delete		1.4 CITY - ST - ZIP 2.1 TITLE				Chang	e Addition
TITLE NAME	D Williams, Samuel	DELETE	2.2 NAME		İ			onong	. [] ,
STREET ADDRESS	5501 INDIAN HILL ROAD				ADDRESS				
CITY-ST-ZIP TITLE	ORLANDO FL 32808	□ ĐELETE		MY-S	ST-ZIP			☐ Chang	ge Addition
NAME	WILLIAMS, LACOUNTESS		3.2 N	IAME					
STREET ADDRESS	5501 INDIAN HILL ROAD		1		T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808	☐ DELETE	4 1		ST-ZIP			Chang	ge 🔲 Addition
NAME			4.21	AME					
STREET ADDRESS	:		4.3 \$	t	FADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5 1	TLF	SI-ZIP			☐ Chang	ge Addition
NAME			52	ME					
STREET ADDRESS			53		T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	6 1	Y- LE	ST- ZIP			☐ Chang	ge 🔲 Addition
NAME		_	621	WÉ					
STREET ADDRESS				1	T ADDRESS				
certify that	y certify that the information supplied with t the information indicated on this annual r I am an officer or director of the corporati	eport or supplemental an on or the receiver or trust	inual report lee empowi	oir i nt : be c	to execute the	his report as required by Chapter 607,	Florida Sta		
appears in						igns 4-22-96		YU7) 2 Daytinie Ph	191-4245°