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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1998 8:00am

ι	UAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS		Secreta	ary of State
DOCUMENT # P95000048243 (6) DYNAMIC TRUCKING, INC.					
Principal Place of Business Mailing Address					DONE CONTROL DIDEN 18110 (1811 BIORD (AIF 188)
652 NE 28TH COURT POMPANO BEACH FL 33064		652 NE 28TH COURT POMPANO BEACH FL 33064			E IN THIS SPACE
				3. Date Incorporated or Qualified 06/19/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0590268	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28	Country	B. This corporation owes or has pa	
24	25		30	Personal Property Tax due June	30. Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
GREVE, SCOT B			81 Name		
652 NE 28TH COURT			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
ļ -	POMPANO BEACH FL 33064		83		
			84 City	,	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					
12,	Signature typed or printed name of registered ago OF LICERS ANI	iont and title if applicable (NO ID DIRECTORS	OTE: Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND DIRECTORS IN 12
TITLE	DP OF HOLENS AND	DELETE	13.	AUDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GREVE, SCOT B	_	1.2 NAME		 -
STREET ADDRESS 5016-2 HEATHER HILL LANE		1E	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1,4 CITY-ST-ZIP		
TITLE	ST ST	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	LAKOSKY, CARLA M 5016-2 HEATHER HILL LAN	d ⊏	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486	IC	2.3 STREET ADDRESS		
TITLE	Pakit in the contra	☐ DELET e	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-S1-ZIP		Change Addition
TITLE NAME		☐ Otten	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	5.4 CITY - ST - ZIP		T ou T Assure
TITLE		☐ DELETE	61 THTLE		☐ Change ☐ Addition
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		
SINCEL AUTOCOS			6.3 5 INECT ADDRESS		

64 CITY-ST-ZIP

14. Thereby 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 chapted, or on an attachment with an address.

4/14/08