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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation "DONE	GONE CRAZY TRUCKING,	, INC."			
Principal Place	e of Business	Mailing Address			F 40041001 110 12101 21141 CONT ORIN ABOUT ABOUT OLIDE 11014 40010 BULL OLIVE ORIN
869-C 97TH AVENUE NORTH NAPLES FL 33963		869-C 97TH AVENUE NORTH Naples FL 33963			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
9 Principal P	ace of Business	2a. Mailing Address			07/05/1995 4. FEI Number Applied For
1		26			59-3358212 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 341	OS 25 Country	29 34/08 3	Cour	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
CLANTON, ROBERT H SR			L	81 Number	
869-C 97TH AVENUE NORTH NAPLES FL 33963				82 Street Add	ress (P.O. Box Number is Not Acceptable)
180	220 12 00000		l	83 /	
				84 XVad	/LS FL 5 34/18 K
11. Pursuant toffice or reagent. La	egistered agent, or both, in the State in familiar with, and appept the oblig	e of Florida. Such change was aut galiens of Section 607,0505, Florid	thorized da Stalu	0.40 000000 0044	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TrT	LE	☐ Change ☐ Addition
NAME	CLANTON, R H JR		1.2 NA	ME	
STREET ADDRESS	869-C 97TH AVENUE NORTH	1	1.3 STF	REET ADDRESS	
A	NIADI EC EL 22023		4 4 647		

CITY-ST-ZIP NAPLES FL<u>339</u>63 DELETE ☐ Change ___ Addition CLANTON, R.H. S NAME 22 NAME 869-C 97TH AVE. NORTH 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TIFLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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 attrachment with an address.

SIGNATURE: 💹

941-598.3434

FILED

Feb 10 1998 8:00am

Secretary of State