

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057442 (2)

1. Corporation Name

MATTHEWS TRUCKING OF LIVE OAK, INC.



Principal Place of Business

ROUTE 10 BOX 371
LIVE OAK FL 32060

Mailing Address

ROUTE 10 BOX 371
LIVE OAK FL 32060

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report
7-31-95

2. Principal Place of Business

21 11733 110th st

Suite, Apt #, etc

22

City & State

23 LiveOak, FL

Zip

24 32060

Country

25 Suwannee

2a. Mailing Address

26 11733 110th st

Suite, Apt #, etc

27

City & State

28 LiveOak, FL

Zip

29 32060

Country

30 Suwannee

4. FEI Number

59-3327769

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEWS, DARRELL D
ROUTE 10 BOX 371
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11733 110th street

83

84 City

LiveOak

FL

85 Zip Code

32060

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

Signature of person appointed as registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATTHEWS, DARRELL D
STREET ADDRESS ROUTE 10 BOX 371
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D
NAME MATTHEWS, RHONDA E
STREET ADDRESS ROUTE 10 BOX 371
CITY-ST-ZIP LIVE OAK FL 32060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
NAME matthews, Darrell D
12 STREET ADDRESS 11733 110th street
13 CITY-ST-ZIP LiveOak, FL 32060

21 TITLE S
NAME matthews, Rhonda E
22 STREET ADDRESS 11733 110th street
23 CITY-ST-ZIP LiveOak, FL 32060

31 TITLE T
NAME matthews, Eleanor J
32 STREET ADDRESS 14218 121st Road
33 CITY-ST-ZIP LiveOak, FL 32060

41 TITLE
NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

51 TITLE
NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

61 TITLE
NAME
62 STREET ADDRESS
63 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rhonda E Matthews Rhonda E Matthews (Secretary)

6-10-96

904-362-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (3/96)