

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072442 (3)

1. Corporation Name

EDB TRUCKING, INC.



Principal Place of Business

18124 STATE RD 52
LAND O' LAKES FL 34639

Mailing Address

18124 STATE RD 52
LAND O' LAKES FL 34639

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report
1st Report

2. Principal Place of Business

21 18124 State Rd 52

Suite, Apt. #, etc.

22 Mailing Address

26 RT 5 BX 1924

Suite, Apt. #, etc.

4. FEI Number

59-3338629

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

23 City & State

Land O' Lakes, Florida

27 City & State

ELIZABETH TON, TN

24 Zip

34639

25 Country

USA

29 Zip

37643

30 Country

USA

9. Name and Address of Current Registered Agent

BORKOWSKI, EUGENE B
18124 STATE RD 52
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and board of directors.

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BORKOWSKI, EUGENE B
STREET ADDRESS 18124 STATE RD 52
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE VST ☐ DELETE
NAME BORKOWSKI, DARLYNE E
STREET ADDRESS 18124 STATE RD 52
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TS ☐ Change ☒ Add on
1.2 NAME ASHER, MARGIE E.
1.3 STREET ADDRESS RT 5 BX 1924
1.4 CITY-ST-ZIP ELIZABETH TON, TN 37643

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME BORKOWSKI, DARLYNE E.
2.3 STREET ADDRESS 18124 STATE RD. 52
2.4 CITY-ST-ZIP LAND O' LAKES, FL 34639

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Borkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

423-474-3028
Date/Time Phone #

CR2E034 (12/95)