

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

FILED

Jan 31 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092672 (1)

1. Corporation Name
KINDER TRUCKING, INC.

Principal Place of Business

421 S.W. 72ND AVENUE
PEMBROKE PINES FL 33023

Mailing Address

421 S.W. 72ND AVENUE
PEMBROKE PINES FL 33023-10703. Date Incorporated or Qualified
12/06/19953a. Date of Last Report
05/23/19964. FEI Number
65-0625825Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JENNINGS, EDWARD J
200 S.E. 18TH COURT
FT. LAUDERDALE FL 33316

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KINDER, MICHAEL
STREET ADDRESS 421 S.W. 72ND AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33023TITLE D ☐ DELETE
NAME KINDER, LYNN
STREET ADDRESS 421 S.W. 72ND AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33023TITLE P ☐ DELETE
NAME KINDER, MICHAEL
STREET ADDRESS 421 SW 72ND AVE
CITY-ST-ZIP PEMBROKE PINES FLTITLE VP ☐ DELETE
NAME KINDER, LYNN
STREET ADDRESS 421 SW 72ND AVE
CITY-ST-ZIP PEMBROKE PINES FLTITLE T ☐ DELETE
NAME KINDER, MICHAEL AND LY
STREET ADDRESS 421 SW 72ND AVE
CITY-ST-ZIP PEMBROKE PINES FLTITLE S ☐ DELETE
NAME KINDER, LYNN
STREET ADDRESS 421 SW 72ND AVE
CITY-ST-ZIP PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)