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

SIGNATURE

PROFIT Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000097799 (7) S & K TRUCKING, INC. Principal Place of Business Mailing Address 10005 RAYMAR 10005 RAYMAR PENSACOLA FL 32534 PENSACOLA FL 32534 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3362584 21 10005 Ray mar 26 Same Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required ity & State City & State 6. Election Campaign Financing \$5.00 May Be Floein 23 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 **3253** 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAHAM, SUZANNE 10005 RAYMAR 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32534 83 64 Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Floragent.
I am familiar with, and accept the programmer. and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 697/0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GRAHAM, SUZANNE 1.2 NAME NAME CR2E034 10005 RAYMAR 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITL F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 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 Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

FILED