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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001965 (8) WAMO TRUCKING, INC. Principal Place of Business Mailing Address 6956 SW 36TH COURT 6956 SW 38TH COURT MIRAMAR FL 33023 MIRAMAR FL 33023-6659 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0499335 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Z_{ip} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREEN, WILLIE J **6956 SW 38TH COURT** 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 84 City 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 room tends 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 amy fact the oblight his of, Section 607.0505, Florida Statutes. (NOTE: Flogistered Agent signature required when reinstating) OLE CERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THILE 11 TITLE GREEN. WILLIE J 1.2 NAME 6956 SW 38TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 City-St ZiP 1.4 CITY - \$T - ZIP DELETE Change Addition THE 21 TITLE 22 NAME . NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY-S1-ZIF DELETE Change ☐ Addition THILE 3.1 TIFLE 3.2 NAME STREET ADDIESS 3 3 STREET ADDRESS 3 4. CITY - ST-ZIP CITY-SI-7P Change Addition DELETE 4.1 TITLE 1/10.5 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Cally-ST ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TiTLE - Tille 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS .CITY - \$1 - 260 5.4 CITY - ST - ZIP DELETE Change Addition TiftE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 64 CITY-ST-ZIF 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 BLO k 15 if changed, or on an attachment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

986-S100

FILED

Apr 11 1997 8:00am

Secretary of State

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