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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000028014 (4)**

1. Corporation Name
AFFORDABLE TRUCKING, INC.

Principal Place of Business	Mailing Address
655 COCONUT GROVE AVE W MELBOURNE FL 32904	655 COCONUT GROVE AVE W MELBOURNE FL 32904-2134

3. Date Incorporated or Qualified: 03/25/1996
3a. Date of Last Report:

2. Principal Place of Business (21): 655 Coconut Grove Av.
Suite, Apt. #, etc. (22):
City & State (23): W. Melbourne, Fl.
Zip (24): 32904 Country (25): Brevard

2a. Mailing Address (26): 655 Coconut Grove Av.
Suite, Apt. #, etc. (27):
City & State (28): W. Melbourne, Fl.
Zip (29): 32904 Country (30): Brevard

4. FEI Number: 59-3372996 ☐ 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

FERFORT, MARGUERITE F
655 COCONUT GROVE AVE
W MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: Lisa Ferfort
82 Street Address (P.O. Box Number is Not Acceptable): 655 Coconut Grove Ave
83
84 City: W. Melbourne FL 85 Zip Code: 32904

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: Lisa Ferfort / Lisa Ferfort pres. 4-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. ☒ DELETE	1.1 TITLE	P. ☒ Change ☐ Addition
NAME	Margerethe F. Ferfort	1.2 NAME	Lisa H. Ferfort
STREET ADDRESS	655 Coconut Grove Ave.	1.3 STREET ADDRESS	655 Coconut Grove Av.
CITY-ST-ZIP	W. Melbourne, Fl. 32904	1.4 CITY-ST-ZIP	W. Melbourne, Fl. 32904
TITLE	ST ☒ DELETE	2.1 TITLE	S.T ☒ Change ☐ Addition
NAME	Lisa Ferfort	2.2 NAME	Marguerite F. Ferfort
STREET ADDRESS	655 Coconut Grove Ave	2.3 STREET ADDRESS	655 Coconut Grove Ave.
CITY-ST-ZIP	W. Melbourne, Fl. 32904	2.4 CITY-ST-ZIP	W. Melbourne, Fl. 32904
TITLE	VP ☒ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	Marguerite F. Ferfort	3.2 NAME	Lisa H. Ferfort
STREET ADDRESS	655 Coconut Grove Ave.	3.3 STREET ADDRESS	655 Coconut Grove Ave.
CITY-ST-ZIP	W. Melbourne, Fl. 32904	3.4 CITY-ST-ZIP	W. Melbourne, Fl. 32904
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Lisa H. Ferfort 4-25-97