SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000048454 (8)

WESTERN STATES TRANSPORTATION SERVICES, INC.

| Principal Place of Business           | Mailing Address                       |   |
|---------------------------------------|---------------------------------------|---|
| 112 HARBOR WAY<br>AUBURNDALE FL 33823 | 112 HARBOR WAY<br>AUBURNDALE FL 33823 |   |
|                                       |                                       | ŀ |
| 2. Principal Place of Business        | 2a. Mailing Address                   |   |

FILED Aug 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |   |                                       | 3. Date Incorporated or Qualified 06/03/1996   |  |  |
|--|--|---|--|---|---|---------------------------------------|--|--|--|
| 2. Principal Place of Business 2a, Mailing Address |  |   |  |   |   | ·                                     |  |  |  |
| 21   | , Dacin  |   | 26   |   |   |                                       | TAPPING TO   |  |  |
| Suite, Apt. #, etc.                                |  |   | Suite, Apt. #, etc   | · · · · · · · · · · · · · · · · · · ·             |   |                                       | 59-3382053   Not Applicable   \$8.75 Additional  |  |  |
| 22   |  |   | 27   |   |   | · · · · · · · · · · · · · · · · · · · | 5. Certificate of Status Desired Fee Required  |  |  |
| City & State                                       |  |   | City & State   | City & State                                      |   |                                       | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| 23   |  |   | 28   |   |   |                                       | Trust Fund Contribution Added to Fees  |  |  |
| Zip<br>24  |  | Country<br>25   | <b>Z</b> ip  | 30 Co   | untry   |                                       | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No   |  |  |
|  |  |   | ent Registered Agent   | 1001  | 1   |                                       | 10. Name and Address of New Registered Agent   |  |  |
| MAR  | RY, DANNY  |   |  |   | 81  | Name                                  |  |  |  |
| 112 HARBOR WAY                                     |  |   |  |   |   |                                       |  |  |  |
| AUBURNOALE FL 33823                                |  |   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable) |                                       |  |  |  |
|  |  |   |  |   | 83  |                                       |  |  |  |
|  |  |   |  |   | 84  | City                                  | FI 85 Zip Code   |  |  |
| 11. Pursuant office or agent. I                    | t to <b>the p</b> rovis<br>regis <b>tere</b> d ag<br>am <b>fami</b> liar w | ions of sections 607.05<br>ent, or both, in the Sta<br>ith, and accept the obli | 02 and 607.1508, Florida S<br>te of Florida. Such change<br>igations of, section 607.050 | tatutes, the a<br>was authorize<br>5, Florida Sta | bove-<br>ed by<br>atutes                              | named or<br>the corpo                 | corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |  |  |
| SIGNATURE  | Signature, typed   | or printed name of registered as  | and title if applicable  | (NOTE: Regist                                     | lered A   | nent slanetur                         | ature required when reinstating) DATE  |  |  |
| 12.  |  | · · · · · · · · · · · · · · · · · · ·   | ND DIRECTORS   | 13  |   | Jone algricitor                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE  | D  |   | DELET  |   | ITLE  | 1                                     | Change Addition  |  |  |
| NAME   | MABRY, D   | ANNY D  |  |   | IAME  | j                                     | Citange Addition   |  |  |
| STREET ADDRESS                                     | 112 HARB   |   |  |   |   | ADDRESS                               |  |  |  |
| CITY-ST-ZIP  |  | ALE FL 33823  |  | 1   | TY-ST   |                                       | `  ·   |  |  |
| TITLE  |  |   | DELET  |   |   | 2,11                                  |  |  |  |
| NAME   |  |   |  | 2.2 N   |   |                                       | L_J Change L_ Addition   |  |  |
| STREET ADORESS                                     |  |   |  | •   |   | 4DDDEGG                               | \$   |  |  |
| CITY-ST-ZIP  |  |   |  | 2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP             |   | *   · · · · · ·                       |  |  |  |
| TITLE  |  |   |  |   |   | ·2.IF                                 |  |  |  |
| NAME   |  |   | L) DELET   | 3.2 N   |   |                                       | Change Addition  |  |  |
| STREET ADDRESS                                     |  |   |  |   |   | ADDRESS                               |  |  |  |
| CITY-ST-ZIP  |  |   |  |   | ITY-ST-   |                                       |  |  |  |
| TITLE  |  |   | DELET  |   |   | e.if                                  |  |  |  |
| NAME   |  |   | L., J DELET  | 4.2 N   |   | 1                                     | L. Change L. Addition  |  |  |
| STREET ADDRESS                                     |  |   |  |   |   | ADDRESS                               |  |  |  |
| CITY-ST-ZIP  |  |   |  |   |   |                                       | ·  |  |  |
| TITLE  |  |   | DELET  |   | ITY-ST-   | ZIP                                   |  |  |  |
| NAME   |  |   | [ □ btrti  | 5.2 N   |   |                                       | Change   |  |  |
| STREET ADDRESS                                     |  |   |  |   |   | ADDRESS                               | ,  |  |  |
| CITY-ST-ZIP  |  |   |  |   | TY-ST-  | - 1                                   | <u>'                                    </u>   |  |  |
| TITLE  |  |   | DELET  |   |   | zir                                   |  |  |  |
| NAME   |  |   | L DELET  | 6.2 N   |   | İ                                     | Change Addition  |  |  |
| STREET ADDRESS                                     |  |   |  |   | -   | IDDD CO                               | ,  |  |  |
| CITY-ST-ZIP  |  |   |  |   |   | ADORESS                               | 1  |  |  |
| VIII-91-ZIP  |  |   |  | 6.4 C   | ity.st.   | ZIP                                   |  |  |  |

I 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 it changed, or on an algorithm with an address.

CNATURE AND MARRY

011.00

Landing and Co