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

Malling Address

OKEECHOBEE FL 34973-2126

P.O. BOX 2126

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Buscless

5625 N.E. 3RD LANE

OKEECHOBEE FL 34972



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 28 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057445 (4)

E & R KIRBY TRUCKING, INC.

					07/05/1996		
2. Pracipal Pr	. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21	26				(B.08) 8251	Not Applicable	
Suite, Apt	e. Apt. #, etc. Suite, Apt. #, etc.				i b. Ceriticate of Status Desired 1 1	75 Additional	
22	27				Fi	e Required	
City & Stati	State City & State					.00 May Be	
23		28		·	Trust Fund Contribution	ided to Fees	
Z(p)	Country	Zip	Country		8. This corporation has liability for intangible tax un	der s. 199.032,	
24	[25]	[29] [30]			Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent B1 Name			
306 N.W. 5TH STREET				Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
OKE	OKEECHOBEE FL 34972			83			
				83			
-				84 City F1 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes							
SIGNATURE Storator, typest or passer that a Characteristic and little if spotcable (NOTE Registered Agent signature required when reinstating) DATE DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12	
100 F		☐ DELETE	1,1 TiTL	E	PRESIDENT SECY ON CH	ange Addition	
NAME			1,2 NAN	1E	EUZABETH KIKOY		
\$165ET ASDRESS			1.3 S1R	EET ADDRESS			
CF Y - \$1 - 762			1.4 CITY	(-ST- <i>T</i> ∤P	DKEECHOREE, FL 34972		
lii,f		☐ DELETE	2.1 TITL	E	V. PRESIDENT/TREASURER Ch	ange Addition	
NAME			2.2 NAN	4E	RAYMOND KIRBY	[
\$1560 LADORESS			2.3 STR	FET ADDRESS			
CHY SLZII			2. 4 CIT	Y-ST-ZIP	DKEECHOBEE, FC 34972		
100		☐ DELETE	3.1 TITL	F	Chi	ange Addition	
NWS			3.2 NAN	AE.			
STREET ADDRESS			3.3 STR	EET ADDRESS	SS		
COY-\$1-ZIP			3.4. CIT	Y-S7-ZIP			
TITLE		DELETE	4.1 TITL	E	□ Ch	ange Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS	SS		
CHY ST ZIP			4.4 C(Y)	-S1-ZIP		 	
TIME		DELETE	5 1 Tift	E	☐ Ch	ange 🔲 Addition	
NAME			5 2 NAM	1E			
STREET ADDRESS			5 3 STR	eet address	ss		
CITY+ST ZIP			5 4 CIT	r-ST-ZIP			
10fi f		DELETE	61 TITE	E	☐ Ch	ange Addition	
NAME			6.2 NAM	4E			
SUBEET ADDRESS:			6.3 STR	EET ADDRESS	ss	-	
CHY SU-ZIP			6.4 CIT	Y - \$T - ZIP			
14. For 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 information independent 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							
Information concerned on this armost report or supplierhental armost report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or frustee 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 for on an attachment with an address.							