SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

STREET ADDRESS

DITY-ST-ZIP

 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 29 AM 10: 11 DOCUMENT # P96000065113 (8) SUGNITIVE OF STATE BLUE SKIES TRUCKING, INC. Principal Place of Business Mailing Address 236 BAHIA CIRCLE 236 BAHIA CIRCLE OCALA FL 34472 OCALA FL 34472 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, 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 Zip Ζφ Country 8. This corporation owes or has paid the current year intapgible Country Yes ✓ No 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DANIELSON, KIBRA M IMBRA 236 BAHIA CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34472 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change Addition TITLE 1.1 TITLE DANIELSON, KIMBRA M NAME 1.2 NAME ofi70=014 *****165.00 236 BAHIA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34472 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2. 4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 3.1 THEF NAME 3.2 NAME STREAT ADDRESS 3.3 STREET ADDRESS CIT ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MORAL MAY 1. 15

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 of changed, or on an attachment with an address. 18/97 357.1-DA.1.11

To whom it may Concern:

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K. Danielson

