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May 07 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 # P96000079947 (3)

1. Corporation Name

RABON TRUCKING, INC.

Principal Place of Business

US 19 SOUTH
MONTICELLO FL

Mailing Address

P.O. BOX 267
MONTICELLO FL 32345-0267



2. Principal Place of Business

21 US 19 SOUTH

Suite, Apt. #, etc.

22 City & State

23 MONTICELLO, FL

24 Zip

32344

Country

JEFFERSON

2a. Mailing Address

26 P O Box 267

Suite, Apt. #, etc.

27 City & State

28 MONTICELLO, FL

29 Zip

32345

Country

JEFFERSON

3. Date Incorporated or Qualified

09/26/1996

3a. Date of Last Report

4. FEI Number

59-3401788

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

RABON, JOHN L
RT 4 BOX 4698
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name

JOHN L. RABON

82 Street Address (P.O. Box Number is Not Acceptable)

RT 4 Box 4698

83

84 City

MONTICELLO

FL

85 Zip Code

32344

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 *John L. Rabon* JOHN L. RABON PRES.

4-30-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RABON, JOHN L
STREET ADDRESS RT 4 BOX 4698
CITY-ST-ZIP MONTICELLO FL 32344

TITLE VP ☐ DELETE

NAME BOLAND, SHARON R
STREET ADDRESS 850 N. JEFFERSON
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ST ☐ DELETE

NAME RABON, FRANCES H
STREET ADDRESS 850 N. JEFFERSON
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE:

John L. Rabon JOHN L. RABON

4-30-97 510-2563

CR2E034 (9/96)