

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000085883 (2)**

1. Corporation Name

ROAD HANDLERS, INC.



Principal Place of Business

**452 BARNES BLVD
ROCKLEDGE FL 32955**

Mailing Address

**452 BARNES BLVD
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

59-3411710

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WEINTRAUB, PETER B
1701 W. HILLSBORO BLVD
SUITE 301
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

SHAIL CLAXTON

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

452 BARNES BLVD.

83

84 City

Rockledge

FL

85 Zip Code

32955

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, and I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Shail Claxton

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/98

12. OFFICERS AND DIRECTORS

1 ☐ DELETE
TITLE
NAME **CLAXTON, SHAIL**
STREET ADDRESS **452 BARNES BLVD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
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☐ DELETE
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CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 if changed, or on an attachment with an address.

SIGNATURE:

Shail Claxton

4/21/98

4076345040

CR2E034 (10/97)