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May 01 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 # **P96000094524 (1)**

1. Corporation Name
DEBELLA TRUCKING, INC.

Principal Place of Business	Mailing Address
ROUTE 3, BOX 513 WILLISTON FL 32606	ROUTE 3, BOX 513 WILLISTON FL 32696-9296

3. Date Incorporated or Qualified: 11/19/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 13151 N.E 47TH ST.
22: Suite, Apt. #, etc.
23: City & State: Williston, FL
24: Zip: 32696 25: Country: Levy

2a. Mailing Address
26: 13151 N.E. 47TH ST
27: Suite, Apt. #, etc.
28: City & State: Williston, FL
29: Zip: 32696 30: Country: Levy

4. FEI Number: 59-3412406 ☐ 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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ALFRED L. DeBELLA
82 Street Address (P.O. Box Number is Not Acceptable): 13151 N.E. 47TH ST
83:
84 City: Williston FL 85 Zip Code: 32696

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: Alfred L. DeBella ALFRED L. DeBELLA 04-24-97
Signature & type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DEBELLA, ALFRED I		1.2 NAME		
STREET ADDRESS	~~ROUTE 3, BOX 513~~		1.3 STREET ADDRESS	13151 N.E. 47TH ST.	
CITY-ST-ZIP	WILLISTON FL 32606		1.4 CITY-ST-ZIP	WILLISTON, FL. 32696	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DEBELLA, GLORIA J		2.2 NAME		
STREET ADDRESS	~~ROUTE 3, BOX 513~~		2.3 STREET ADDRESS	13151 N.E. 47TH ST.	
CITY-ST-ZIP	WILLISTON FL 32606		2.4 CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WARRAN, KAREN A		3.2 NAME		
STREET ADDRESS	~~ROUTE 3, BOX 513~~		3.3 STREET ADDRESS	7171 N.E 160TH AVE	
CITY-ST-ZIP	WILLISTON FL 32606		3.4 CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: Alfred L. DeBella 04-24-97 352-528-2072