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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000004714 (6)

DAYLITE TRUCKING, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailmo Address 1622 GUNSMITH DRIVE 1622 GUNSMITH DRIVE **LUTZ FL 33549** LUTZ FL 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1997 2. Principal Place of Business Applied For 2a. Mailing Address 19-3420219 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due Jurie 30. □ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GILMORE, RICARDO L **ONE BARNETT PLAZA SUITE 3200** 82 Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. 83 **TAMPA FL 33601 B4** City Zip Code 11. Pursuant to the provisions of Sociains 607.0502 and 607.0508, 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 Lorida. 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 Signature, typed or present name of repositional agent and tale if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME **Pre**wett, lope G 1.2 NAME 1622 GUNSMITH DRIVE STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL 33549 1.4 CHY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE PREWETT, MICHAEL L NAME 2.2 NAME **1622 GUNSMITH DRIVE** 2.3 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP 2. 4 CITY - ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAMÉ 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CitY-St-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or error attachment with an address.

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