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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007177 (3)

COLEMAN & SON TRUCKING CORP.

Principal Place of Business	Mailing Address
1410 SOUTHWEST 8 AVENUE	600 Northwes
POMPANO BEACH FL 33069	Pembroke Pine

FILED Apr 21 1998 8:00am Secretary of State



T 106 AVENUE S FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year tritangible ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 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 wolfice 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD DELE1E Addition TITLE 1.1 TITLE Change COLEMAN, BERNARD A NAME 1.2 NAME 1410 SOUTHWEST 8 AVENUE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TOLE COLEMAN, PRUDENCE B 22 NAME 1410 SOUTHWEST 8 AVENUE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 2 4 CITY - \$1 - 7IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP ☐ Change DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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 opinioned, or on an attachment with an address.

4-11-98-362-9139