FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of S‰le ₩
DIVISION OF CORPORATIONS

1998 P97000042252 (1)

1. Corporation Name

FILED May 06 1998 8:00am Secretary of State

R.D.M.	TRUCKING, INC.				
Principal Place of Business Mailing Address					4 100(120) 110 10111 10011 00111 00111 00111 00111 01011 11010 11010 11010 11010 11010 11010
12450 NE 26T		12450 NE 26TH AVE			
OKEECHOBEE FL 34972		OKEECHOBEE FL 34972			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/07/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number (0753879) Applied For
21		26			(.5-07 5 3879 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Z(p)	Coun	lrv	Trust Fund Contribution
24	25	29	30	.,,	Personal Property Tax due June 30. Pres No
24	9. Name and Address of Curren		1901		10. Name and Address of New Registered Agent
83 84 80% pecc				res (P.O. Box Number is Not Acceptable) ON E 2 (1 A De . FL 85 Zip Code 34973	
SIGNATURE *	Signature types or project name of registered ages	SARS VICE +	PESIC	by the corporations. Agont signature require	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	F 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	MARS, DOUG	בן טנננוג	1.2 NAM		
NAME STREET ADDRESS	12450 NE 26TH AVE			EE1 ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972			-ST-ZIP	
TITLE	TVT	DELETE	2.1 TITL		Change Addition
NAME	MARS, PATRICIA	_	2.2 NAN	1	·
STREET ADDRESS	12450 NE 26TH AVE		2.3 STR	EET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972		2. 4 CIT	Y-ST-ZIP	
TITLE		DELETE	3.1 TITL	F	☐ Change ☐ Addition
NAME			3.2 NAN	fE	
STREET ADDRESS			3 3 STA	EET ADDRESS	
CITY-ST-ZIP		Locator		Y - ST - ZIP	Change Addition
TITLE		DELETE	4 1 THTL	I	Change Addition
NAME			4 2 NA		
STREET ADDRESS	N.		1	EET ADDRESS	
CITY-ST-ZIP	-	DELETE	5.1 TITL	r-ST-ZIP	Change Addition
TITLE		CJ officit		1	
NAME ATOMET ADDRESS			5.2 NAM	eet address	
STREET ADDRESS				r-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITL		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAM		· —
STREET ADDRESS				EET ADDRESS	
CITY-ST-7IP			6.4 CIT	r-ST-ZIP	
14 I hereby o	certify that the information supplied w	ith this filing does not qualify for	or the exer	nption stated in	Section 119.07(3)(i), Florida Statutes, I further certify that the information are shall have the same legal effect as if made under oath; that I am an

4. 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.

QUI SECTION.