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

FILED Jun 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000042607 (6) **DOCUMENT** # 1. Corporation Name BENITA TRUCKING, INC. Principal Place of Business Mailing Address 1507 MARKER ROAD 1507 MARKER ROAD POLK CITY FL 33668 POLK CITY FL 33868 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROUCE, BRENDA J 1478 MARKER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) POLK CITY FL 33868 83 City 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 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. 4.30-98 (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Sec. /TRESI DELFTE Change TITLE 1.1 TITLE Addition BRENDA J. GROCE NAME 1.2 NAME 1507 MARKER ROAD 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14 CHY-ST-7IP DELETE TITLE Change Addition PRESIDENT 2.1 TITLE JUANITA M. GUY 1507 MARKER Rd. POLK CITY, FL 33868 NAME 2.2 NAME 2.3 STREE1 ADDRESS STREET ADDRESS City-St-ZIP 2.4 CITY-\$1-2IP DELETE TITLE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition TITLE 4.1 TIBLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE **70000255374** -06/09/98--01123--011 NAME 6.2 NAME

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 suppliemental annual report is true and accurate and that my signature shall have the same legal offoct 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

***150.00

STREET ADDRESS

CITY - ST-ZIP