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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070973

NOWAK TRUCKING INC

| Principal Place of Business | Mailing Addre |
|-----------------------------|---------------|
| 19321 C US Hwy 19 N | 19321 |
| Ste 601 | Ste 60 |
| Clasewater PT 22764 | Clearw |

| FILED |
|--------------------|
| Feb 06 1998 8:00am |
| Secretary of State |

| | e of Business | Mailing Address | | | | | | | |
|--|--|---|---|--|---|--|-----------------------------|--------------------|-----------------------------------|
| | C US Hwy 19 N | 19321 CU | S Hwy | 19 | N | | | | |
| Ste 60 | 1 | Ste 601 | | | | | | | |
| Clearw | ater FL 33764 | Clearwat | er FL | 33 | 764 | 3. Date Incorporated or Qualified 08/15/1997 | 3a. Dal | e of Las | t Report |
| 2. Principal Pl | lace of Business | 2a. Mailing Addres | S | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | 59-3462581 | | | Not Applicable |
| Suite. Apt #. etc. | | · · | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | | 3.75 Additional | |
| 22 | | City & State | | | | | | | Required |
| City & State | | 28 City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Zip | Country | Zip | Co | ountry | / | 8. This corporation has liability for i | | | |
| 24 | 26 | 29 | 30 | • | | | Yes K | | 1 8. 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| Barb | ara Nowak | | | 81 | Name | | | | |
| | 1 US Hwy 19 N St | te C 601 | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | ole) | | |
| Clear | rwater Florida 3 | 33764 | | 83 | | | ~ | | |
| | | | | 84 | City | | | 85 2 | ip Code |
| .,, | | | | 100 | 1 5, | | FL | 100 6 | ip code |
| SIGNATURE | | 1 | | | | poration submits this statement for the pation's board of directors. I hereby acception when unstation | ourpose of on the appo | changin intment | g its registered as registered |
| SIGNATURE | | 1 | | | | | ourpose of on the appo | changin intment | g its registered as registered |
| SIGNATURE | Signature typed or priored name of registered ag | 1 | | ogA beve | | nred whan reinstating) | purpose of a of the appo | | |
| SIGNATURE | Signature Typed or printed name of registered ag | gen) and like il applicable | (NOTE Regists | ogA beve | | | pare DERS AND | | ORS IN 12 |
| SIGNATURE . | Signature typed or provide name of requisional appointment of the provided name o | goni and tite if applicable ND DIRECTORS | (NOTE Register 13 TE 1.1 | ered Age | | nred whan reinstating) | pare DERS AND | DIRECT | ORS IN 12 |
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I do hereby certify that the information supplied with this filling goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied include oath; that I am an officer or director of the opporation or the received by the trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block. 13 if changled, or on an attact their half address.

SIGNATURE: X

NAME OF SIGNING OFFICER OR DIRECTOR

President

01/28/98

(704)563-5876