FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 17 1998 8:00am 4 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Northart Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P97000073337 (2) DOCUMENT # HALL'S TRUCKING, INC. Principal Place of Business Mailing Address 607 N.E. 10TH BOULEVARD 607 N.E. 10TH BOULEVARD WILLISTON FL 32696 WILLISTON FL 32696 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 9-3467118 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FUGATE, NORM D 444 N.ºW. MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 83 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 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. President VIT/S/O/C/M & Change DELETE TITLE 1.1 TITLE Francis Scott Hall NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 607 MB. 10+6 Blvd. 1.4 City - ST - ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 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 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE Change TITLE

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 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP