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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000084633 (1) 1. Corporation Name

LIBERATOR TRUCKING INC

Block 12 or Block 13 if changed, or on ar

attachment with an address

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4029 27 AVENUE WEST 4029 27 AVENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 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 81 LIBERATOR, WILLIAM A 4029 27 AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34204** 83 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) 1089 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE President Change **★** Addition TITLE 1.1 TITLE William A. Liberator MÁME 12 NAME 4029 27th AVE W TREET ADDRESS 1.3 STREET ADDRESS Bradenton, Fl 34205 CITY-ST-ZP 1.4 CITY-ST-ZIP DELETE Change Addition Teh F 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-7/P CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002504635mange -04/29/98--01018--007 DELETE TITLE 6.1 TITLE NAME 6.2 NAME 1 ***150.00 STREET ADDRESS 6.3 STREET ADDRESS 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 effect as if made under oath; that I am an officer or director of the corporation or the seceiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in