SECOÑD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 AUG 10 PM 3:21 DOCUMENT # P97000087921 (7) SECHETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name FAT POSSUM TRUCKING, INC. Principal Place of Business Mailing Address 1400 WASHINGTON STREET NEW PORT RICHEY EL 34652 7400 WASHINGTON STREET NEW PORT RICHEY-FL 34652 DO NOT WRITE IN THIS SPACE 7723 PIER Rd PORT Richer 41. 34668 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BIERWEILER, RAYMOND H 9039 LITTLE ROAD Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34654** 83 84 City 85 Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE L DELETE __ Change ___ Addition CR2E034 STANCO, MICHAEL W 1723 PIER Rd NAME 1.2 NAME **200002615732**----08/14/98--01004--018 7400 WASHINGTON ST. PORT RICKY TP STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY-ST-ZIP CITY-ST-ZIP ****150.00 ****150.00 TITLE 2 1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIF 2.4 CiTy-ST-ZiP TITLE DELETE 3.1 TITLE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE __ DELETE ____ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE __ Change __ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 the true content of the corporation or on an attachment with an address.

SIGNATURE: