FILED May 01, 2001 8:00 am Secretary of State

05-01-2001 90050 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026269 1. Entity Name

WIDMANN TRUCKING, INC.

Principal Place of Business

Mailing Address

907 WEBSTER ST. LEESBURG FL 34748 P O BOX 976

LAKE PANASOFFKEE 33538

2. Principal Place of Business P.O., Box 911	3. Mailing Address Ro, Ba 9リ			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SI	PACE
City & State LEGI DURY FR.	City & State, LEES buck 9	, FL	4. FEI Number 59-3505589	Applied For Not Applicable
Zip Country (4KE)	^{Zip} 34149	Country LAKE		8.75 Additional ee Required
6. Name and Address of Current R	egistered Agent	NI	7. Name and Address of New Registered A	gent
RUSS, GEORGE H 907 WEBSTER ST. LEESBURG FL 34748		Name Street Address (P.O. Box Number is Not Acceptable)		
ELLOSO(IO E O II IO		City		Z.p Code
8. The above named entity submits this statement for	the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida	
	•			
SIGNATURE Sonature, typed or or sted news of registered agent at	od thaif and rabio (4)	OffEr Rigg stored Agent signature red	Lived when reinstating) DATS	<u></u>
Signature, typica or an mediname or registered again at			"red when to "Satistify" (SATE	
9. This corporation is eligible to satisfy its Intangible l'ax filing requirement and elects to do so. (See criteria on back) (See criteria on back)	After MAY 1, 2	VIII FEE IS \$150.00 2001 Fee will be \$550.0 able to Department of	TRUST MEDICA CONTROL 1	\$5.00 May Be Added to Fees
11. OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME STREET ADDRESS CITY-ST-ZIP D WIDMANN, DONALD C II P. O. BOX 976 LAKE PANASOFFKEE FL 33538	☐ Delate	TELLE NAME STREET ADDRESS CITY-ST-Z.P		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAMC STREET ADDRESS CTY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7-00116	Change Addition
IFFE NAME STREET ADDRESS CFY-ST-ZIP	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Acdit.or
ITTLE NAME STREET ADDRESS CITY, ST. VP	☐ Delete	TITLE XAME STREET ADDRESS CITY-ST-/IP		☐ Change ☐ Ade tier

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made uncer cath, 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 11 or 3 ock 12 if changed, or on an attachment with an address, with all other like empowered.

4/29-101