DOCUMENT # P98000059658

1. Entity Name

RINEHOLD TRUCKING COMPANY

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90062 001 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
309A SOUTH 20TH STREET HAINES CITY FL 33844	P O BOX 365 HAINES CITY FL 33845-0365

2. Principal Place of Business	3. Mailing Address
1015 Warren Bros. Rd	P.O. Box 365
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, Fl	City & State: Haines City, Fl
Zip: 33844 Country: Polk	Zip: 33845-0365 Country: Polk

4. FEI Number 59-3598581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFOOL, RAYMOND J II
1519 THIRD STREET, S.E.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RINEHOLD, JOYCE	
STREET ADDRESS	~~309A SOUTH 20TH STREET~~ 1015 Warren Bros Rd	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	☐ Delete
NAME	RINEHOLD, RICHARD	
STREET ADDRESS	~~309A SOUTH 20TH STREET~~ 1015 Warren Bros Rd	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Rinehold Joyce Rinehold 1-4-01 863-438-0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)