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PROFIT CORPORATION ANNUAL REPORT

1999

BIG SUN TRANSPORTATION, INC.

1. Corporation Name



DOCUMENT # P98000061981

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

May 07, 1999 8:00 am Secretary of State

05-07-1999 90009 013 ***150.00



Principal Place of Business Mailing Address POST OFFICE BOX 1269 6540 NF 25TH AVENUE OCALA FL 34479 OCALA FL 34478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/13/1998 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 6000 S.E. 30TH 26 59-3521899 Not Applicable Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Country Zip 8. This corporation owes the current year Intangible **Z**No 30 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HENSLEY, CARL D Street Address (P.O. Box Number is Not Acceptable) 6540 NE 25TH AVENUE **OCALA FL 34479** 83 85 Zip Code 84 City 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. ☐ DELETE Change Addition 1.1 TITLE TITLE HENSLEY, CARL D 1.2 NAME NAME 6540 NE 25TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34479** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE ☐ Change TITLE HENSLEY, KABDY J 22 NAME NAME 6540 NE 25TH AVENUE 2.3 STREET ADORESS STREET ADDRESS **OCALA FL 34479** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

STREET ADDRESS

CR2E034 (11/98)