SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (0)BEARCAT TRUCKING, INC. Principal Place of Business Mailing Address 9926 BEACH BLVD. 9926 BEACH BLVD. SUITE 34 SUITE 34 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3053113 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name Berry, Robert C. 9926 BEACH BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 34 83 JACKSONVILLE FL 32216 84 City Zip Code 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 horeby 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 1 applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) DELETE TITLE 1 1 TITLE Change Addition BERRY, ROBERT C. NAME 1.2 NAME CR2E034 9926 BEACH BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition BERRY, CANDACE A. NAME 2.2 NAME 9926 BEACH BLVD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 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 411016 \_\_\_ Change \_\_\_ Addit.on NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4 4 CITY - ST- ZIP TITLE DELETE 5.1 TIME Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 off-cer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address **SIGNATURE:** 

Daysne Phone Ir