

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60561**(5)**

1. Corporation Name

WITT TRUCKING, INC.

Principal Place of Business

P O BOX 500439
MALABAR FL 32950-0439

Mailing Address

P O BOX 500439
MALABAR FL 32950-0439

**APPROVED
AND
FILED****95 MAY 16 AM 8:37****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/14/1991		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3084271		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ Yes ☒ No	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	☐ Yes ☒ No			

9. Name and Address of Current Registered Agent**10. Name and Address of New Registered Agent**

WITT, ERNEST O., JR.
1319 BLANCHE STREET
MALABAR FL 32950-0439

81 Name

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

83

84 City

FL

85 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 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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	WITT, ERNEST O., JR.	12 NAME	
STREET ADDRESS	1319 BLANCHE STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MALABAR FL	14 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	WITT, VERA L.	22 NAME	
STREET ADDRESS	1319 BLANCHE STREET	23 STREET ADDRESS	
CITY - ST - ZIP	MALABAR FL	24 CITY - ST - ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST O. WITT JR

May 11, 1995

724-9252