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STREET ADDRESS

CITY-ST-ZIP

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 20 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # S68149 (1) RUTH WEBB TRUCKING, INC. Principal Place of Business Mailing Address P.O. BOX 825 BRISTOL FL 32321 P.O. BOX 825 BRISTOL FL 32321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1991 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3063000 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 29 ☐ No 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEBB, WILFORD RAY HIGHWAY 12 N 62 Street Address (P.O. Box Number is Not Acceptable) BRISTOL FL 32321 83 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, DELETE Change Addition 1.1 TITLE TITLE WEBB, WILFORD RAY NAME 1.2 NAME HWY 12 N FOX RUN RD STREET ADDRESS 1.3 STREET ADDRESS **BRISTOL FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE WEBB, RUTH NAME 2.2 NAME HWY 12 N FOX RUN RD STREET ADDRESS 2.3 STREET ADDRESS **BRISTOL FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change WEBB, WILFORD L NAME 3.2 NAME **ROCK BLUFF RD** STREET ADDRESS 3.3 STREET ADDRESS **BRISTOL FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE \_\_ Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE ☐ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

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.

**6.3 STREET ADDRESS** 

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