FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S88

(0)

R.G. BROWN TRUCKING, INC.

FILED Apr 30 1998 8:00am Secretary of State

n.a. u	MONITO MICONING, 1140.					
Principal Plac	e of Business	Mailing Address			1 10811610 (01 1010 10110 (1001 01110 0111 01011 0	1916 AIDE AIGH AIDH AIDH 1811
HWY 65 SOUTH		PO BOX 298				
HOSFORD FL 32334		HOSFORD FL 32334		DO NOT WRITE IN THE	¢ ¢DACE	
US		US			3. Date Incorporated or Qualified	3 3FAUE
					10/18/1991	
2. Principal P	Place of Business	2a. Mailing Address	.		4. FEI Number	Applied For
21	TOO OF EGGINGS	26			59-3088514	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional	
22		· · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
BF	ROWN, RICHARD G			81 Name		
l m	T 1 BOX 56			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
HOSFORD FL 32334				0.001113	trode (r.e. box rumber to recreboption)	
				83	* 111 * 1 11	
!				84 City		85 Zip Code
					,F	
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 a	m familiar with, and accept the obli	gations of Section 607.050	5, Florida Stat	utes.	anon's source of an octors. Thoroby about the ap	Spontanon, ao rogintaro
SIGNATURE						
	Signature, typed or printed name of registered a	 		Agent signature requ	uired when reinstating) DATE	VID DIDECTORS IN 10
12. TITLE	PID OFFICERS A	ND DIRECTORS DELET	13. 1.1 TI	ne	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
	BROWN, RICHARD	L_ Dicci		i i		C outlings C recontrol (
NAME	RT1 BOX 56		1.2 NA			
STREET ADDRESS	HOSFORD FL			REET ADDRESS		Į į
CITY-ST-ZIP	TOSPORD PL	DELET		TY-ST-ZIP		Change Addition
TITLE	BROWN, RICHARD	DECE				C change C Attained
NAME	RT1 BOX 58		2.2 N/			
STREET ADDRESS	HOSFORD FL			REET ADDRESS		
CITY-ST-ZIP TITLE	S S	DELET		TY-ST-ZIP		Change Addition
NAME	BROWN, RICHARD G	C Steel	3.1 II			change reaction
	RT 1 BOX 56					
STREET ADDRESS	HOSFORD FL		- 6	REET ADDRESS		
CITY-ST-ZIP	HOSTORD FL	DELET		TY-ST-ZIP		Change Addition
		L. J DECEN				C cumbo C requien
NAME			4. 2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELET		TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
		L. DECEN				C Change C required
CTOCCT ADDRESS			5.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET		TY-ST-ZIP		Change Addition
		- Mail	6.1 N			change reaction
NAME PROCET ADDRESS				REET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP	I '		■ b.4 UI	TY-ST-ZIP		1

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 tristee 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 attack ment with an address.

CR2E034 (10/9