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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V01588** **(5)**

1. Corporation Name
REH TRUCKING COMPANY, INC.

Principal Place of Business	Mailing Address
613 FLEMING STREET SEBASTIAN FL 32958	613 FLEMING STREET SEBASTIAN FL 32958-4427

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 2045 W. MEMORIAL BLVD
Suite, Apt. #, etc.
22 #2 Box 4
City & State
23 LAKELAND FL
Zip 24 33815 Country 25 POLK

2a. Mailing Address
26 2045 W. MEMORIAL BLVD
Suite, Apt. #, etc
27 #2 Box 4
City & State
28 LAKELAND, FL
Zip 29 33815 Country 30 POLK

4. FEI Number: 65-0308396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HANKE, ROBERT
613 FLEMING STREET
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name: BOBIE LEE COPAS
82 Street Address (P.O. Box Number is Not Acceptable): 2045 W. MEMORIAL BLVD
83
84 City: LAKELAND FL 85 Zip Code: 33815

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] BOBIE LEE COPAS, PRESIDENT 1-24-97
Signature, typed or printed name of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKE, ROBERT 613 FLEMING STREET SEBASTIAN FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	BOBIE LEE COPAS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKE, JOAN 613 FLEMING STREET SEBASTIAN FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P, S, T, D BOBIE LEE COPAS 2045 W. MEMORIAL BLVD UNIT 2 BOX 4 LAKELAND, FL 33815	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] Bobie Lee Copas 4-9-97 954-588-3810