FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **V17738** **(8)**

1. Corporation Name
L & K TRUCKING INC.

Principal Place of Business	Mailing Address
11750 N.E. 14TH AVENUE ANTHONY FL 32617	11750 N.E. 14TH AVENUE ANTHONY FL 32617

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: P.O. Box 1083
Suite, Apt. #, etc.
27:
City & State
28: Anthony, FL
Zip 29: 32617 Country 30: U.S.A.

4. FEI Number: 59-3110865 ☐ 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

KENDZIORA, KEITH F.
11750 N.E. 14TH AVENUE
ANTHONY FL 32617

10. Name and Address of New Registered Agent

81 Name: Daniel Miller
82 Street Address (P.O. Box Number is Not Acceptable): Rt 3 Box 4490
83: Lettie Lane
84 City: Palatka FL 85 Zip Code: 32177

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: Daniel Miller (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating) DATE: 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D-P-S	☒ Change ☐ Addition
NAME	KENDZIORA, KEITH F.	1.2 NAME	KENDZIORA, KEITH F.	
STREET ADDRESS	11750 NE 14TH AVENUE	1.3 STREET ADDRESS	P.O. Box 1083 N/A	
CITY-ST-ZIP	ANTHONY FL	1.4 CITY-ST-ZIP	Anthony, FL 32617-1083	
TITLE	DS	2.1 TITLE		☒ Change ☐ Addition
NAME	KENDZIORA, LORELEI V.	2.2 NAME		
STREET ADDRESS	11750 NE 14TH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ANTHONY FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 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)(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: Keith F Kendziora (Pres) KEITH F KENDZIORA 4/25/95 (904) 843-1600
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date) (Daytime Phone Number)

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