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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V21544** **(4)**

1. Corporation Name
EAGLE STAR TRUCK LINE, INC.

Principal Place of Business	Mailing Address
R.R. 3. BOX 228 CHIEFLND FL 32626	R.R. 3. BOX 228 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 6250 NW 153 LANE
22 Suite, Apt. #, etc.
23 City & State: CHIEFLAND
24 Zip: FL 32626 25 Country: U.S.A

2a. Mailing Address
26 6250 NW 153 LANE
27 Suite, Apt. #, etc.
28 City & State: CHIEFLAND
29 Zip: FL. 32626 30 Country: U.S.A

4. FEI Number: 65-0317631 ☐ 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

WELLS, MAUREEN FLORENCE
5420 TAYLOR ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6250 N.W. 153 LANE
83
84 City: CHIEFLAND FL 85 Zip Code: 32626

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: M A Wells MAUREEN PRESIDENT — DATE: 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE		☒ Change ☐ Addition
NAME	WELLS, MAUREEN FLORENCE	1.2 NAME		
STREET ADDRESS	5420 TAYLOR ST.	1.3 STREET ADDRESS	6250 N.W. 153 LANE	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	CHIEFLAND, FL. 32626	
TITLE	T	2.1 TITLE		☒ Change ☐ Addition
NAME	WELLS, MAUREEN FLORENCE	2.2 NAME		
STREET ADDRESS	5420 TAYLOR ST.	2.3 STREET ADDRESS	6250 N.W 153 LANE	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	CHIEFLAND FL. 32626	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	WELLS, ERIC W.	3.2 NAME		
STREET ADDRESS	RT 3 BOX 228	3.3 STREET ADDRESS	6250 NW 153 LANE	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	CHIEFLAND FL. 32626	
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)(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: M.F. Wells M.F. WELLS 4-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041P030 FP