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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000024101 (2) DOCUMENT #

STK TRUCKING, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1125 RIDGEWOOD AVE 1125 RIDGEWOOD AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 Principal Place of Business Mailing Address FEI Number Applied For 435859 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zip Zip This corporation owes or has paid the corporation of the corporat ☐ No Personal Property Tax due June 30. 24 29 30 Yes 25 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **B1 BELUS. ALLEN** Name **6235 PALOMINO CIRCLE** Street Address (P.O. Box Number is Not Acceptable) 82 PORT ORANGE FL 32127 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. V.P. I Soc. /Tres DELETE TITLE 1.1 TITLE ☐ Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE ... DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP* 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 100002445511 -03/03/38--01054--002 NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150,00 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of 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, g