### above, or on an attachment with all other like empowered. SIGNATURE: CHARLES GOLDEN PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Officer/Director Detail :			
Title	P	Title	VICE PRESIDENT
Name	GOLDEN, CHARLES	Name	BOYKEN, WILLIE
Address	6593 COLBY HILLS DRIVE	Address	6710 COLLINS ROAD
City-State-Zip:	JACKSONVILL FL 32222		606
		City-State-Zip:	JACKSONVILLE FL 32244

### The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FEI Number: 83-3953108

# **Current Principal Place of Business:**

Entity Name: C M B TRUCKING SERVICE INC

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

528 EDGEWOOD AVENUE SOUTH SUITE 4D

DOCUMENT# P18000013447

JACKSONVILLE, FL 32205

### **Current Mailing Address:**

528 EDGEWOOD AVENUE SOUTH SUITE 4D JACKSONVILLE, FL 32205 US

BOYKEN, WILLIE 6710 COLLINS ROAD 606

JACKSONVILLE, FL 32244 US

SIGNATURE: WILLIE BOYKEN

FILED May 01, 2021 Secretary of State 7547649423CC

05/01/2021

Date

Certificate of Status Desired: No

05/01/2021

Electronic Signature of Signing Officer/Director Detail