

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F07773** (7)
1. Corporation Name
GENE HYDE, TRUCKING CO., INC.



Principal Place of Business: **2940 SWINDELL RD LAKELAND FL 33805 US**
Mailing Address: **P.O. BOX 24568 LAKELAND FL 33802-1568**

3. Date Incorporated or Qualified: **12/04/1980**
3a. Date of Last Report: **03/16/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2052159	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKS, JOHN PAUL C/O WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, SHIRLEY M	1.2 NAME	SHIRLEY M. HYDE
STREET ADDRESS	4304 KNIGHT STATION RD	1.3 STREET ADDRESS	4304 E. KNIGHTS GRIFFIN RD.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL. 33565
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, JAMES EUGENE	2.2 NAME	HYDE, JAMES E.
STREET ADDRESS	4304 KNIGHT STATION RD	2.3 STREET ADDRESS	4304 E. KNIGHTS GRIFFIN RD.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	PLANT CITY, FL. 33565
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGRAVES, SHIRLEY JUNE	3.2 NAME	HARGRAVES, SHIRLEY JUNE
STREET ADDRESS	5010 SHADY OAKS DR S	3.3 STREET ADDRESS	5010 SHADY OAK DR. S.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL. 33809
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DEWELL GENE HYDE
STREET ADDRESS		4.3 STREET ADDRESS	8204 N. CAMPBELL RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKELAND, FL. 33805
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	HARGRAVES, ANTHONY
STREET ADDRESS		5.3 STREET ADDRESS	5010 SHADY OAK DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKELAND, FL. 33805
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shirley M Hyde* SHIRLEY HYDE 4-23-96 941-683-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)