


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

**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90025 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number: **59-2052159**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **PARKS, JOHN PAUL, C/O WENDEL, CHRITTON & PARKS, CHARTERED, 5300 SOUTH FLORIDA AVENUE, LAKELAND FL 33813**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 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: PSD NAME: HYDE, SHIRLEY M STREET ADDRESS: 4304 E. KNIGHTS GRIFFIN RD. CITY-ST-ZIP: PLANT CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: HYDE, JAMES E STREET ADDRESS: 4304 E. KNIGHTS GRIFFIN RD. CITY-ST-ZIP: PLANT CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: HARGRAVES, SHIRLEY J STREET ADDRESS: 5010 SHADY OAK DR. S. CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HYDE, DEWELL G STREET ADDRESS: 8204 N. CAMPBELL RD. CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HARGRAVES, ANTHONY STREET ADDRESS: 5010 SHADY OAK DR. CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1/6/99 944-683-1505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)