

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07773

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2052159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, JOHN PAUL
C/O WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Name

HARGRAVES, SHIRLEY J

Street Address (P.O. Box Number is Not Acceptable)

5010 SHADY OAK DR S

City

LAKELAND

FL

Zip Code

33810

8. 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.

SIGNATURE

Shirley J. Hargrave

4/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HYDE, SHIRLEY M 4304 E. KNIGHTS GRIFFIN RD. PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HYDE, JAMES E 4304 E. KNIGHTS GRIFFIN RD. PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HARGRAVES, SHIRLEY J 5010 SHADY OAK DR. S. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HYDE, DEWELL G 8204 N. CAMPBELL RD. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARGRAVES, ANTHONY 5010 SHADY OAK DR. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley J. Hargrave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

863 6831525

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE