

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:22

DOCUMENT # H69821

(7)

1. Corporation Name

BUCKEYE TRUCKING, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1985
3a. Date of Last Report 03/29/1994

4. FEI Number 59-2569498
Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 1034
THONOTOSASSA FL 33604
US

P.O. BOX 1034
THONOTOSASSA FL 33592
US

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGISTERED CORPORATE AGENTS, INC.
612 S. GREENWOOD VE.
CLEARWATER FL 34616

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MILLER, JULIA D.
STREET ADDRESS	P.O. BOX 1034, NA
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	V
NAME	DONALDSON, NANCY
STREET ADDRESS	P.O. BOX 1034, NA
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	V
NAME	MILLER, KAREN
STREET ADDRESS	P.O. BOX 1034, NA
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	T
NAME	MILLER, DARLENE
STREET ADDRESS	P.O. BOX 1034, NA
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Take off
3.3 STREET ADDRESS	Miller Karen
3.4 CITY-ST-ZIP	Po Box 1034
	Thonotosassa Fla. 33592
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	TS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Darlene Miller

Darlene Miller

Jan 13, 1995 813-986-1154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number