

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L03556 (2)**  
 1. Corporation Name  
**GENE TOUCHTON CONSTRUCTION AND TRUCKING INC.**



Principal Place of Business Mailing Address  
**% JANET E. TOUCHTON**  
**ROUTE 5, BOX 47**  
**LIVE OAK FL 32060**

3. Date Incorporated or Qualified **07/19/1989** 3a. Date of Last Report **04/26/1996**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		2a. Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Additional Fee Required		May Be Added to Fees		Yes		No	
City & State		City & State		Not Applicable		\$8.75		\$5.00		Yes		No	
Zip		Zip		Country		Country		Country		Yes		No	
32060		LIVE OAK FL		FL		59-2960468		FL		Yes		No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**TOUCHTON, JANET E.**  
**ROUTE 5, BOX 47**  
**LIVE OAK FL 32060**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOUCHTON, EUGENE F., SR</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 5, BOX 47</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOUCHTON, JANET E.</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 5, BOX 47</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: [Signature] **JANET E TOUCHTON** 42897 954776-2128  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)