

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

Mailing Address  
**12822 193RD RD**  
**ROUTE 5, BOX 47**  
**LIVE OAK FL 32060**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>12822 193RD ROAD</b>		26 <b>12822 193RD ROAD</b>		07/19/1989	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>LIVE OAK FL</b>		28 <b>LIVE OAK FL</b>		59-2960468	
24 <b>32060</b>		29 <b>32060</b>		Applied For	
25 <b>JUNAWAKEE</b>		30 <b>JUNAWAKEE</b>		Not Applicable	
26 <b>FL</b>		31 <b>FL</b>		5. Certificate of Status Desired	
27 <b>32060</b>		32 <b>32060</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
28 <b>FL</b>		33 <b>FL</b>		6. Election Campaign Financing	
29 <b>FL</b>		34 <b>FL</b>		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 <b>FL</b>		35 <b>FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
31 <b>FL</b>		36 <b>FL</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)			
				12822 193RD ROAD			
				83			
				84 City			
				LIVE OAK FL 85 Zip Code			
				32060			

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 of 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 *Janet E. Touchton* **JANET E. TOUCHTON** SECRETARY 4-16-98  
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	<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 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.

CR2E034 (10/97)