

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 14 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L73774** (6)

1. Corporation Name

BRUCE D. DUNCAN TRUCKING, INC.

Principal Place of Business

BUCK FOREST
ROUTE 4, BOX 67991 - PINE LANE
CRAWFORDVILLE FL 32327

Mailing Address

BUCK FOREST
ROUTE 4, BOX 67991 - PINE LANE
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/17/1990** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-3022496** 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

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SUBER-DUNCAN, TONYA
215 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303

10. Name and Address of New Registered Agent

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTC
DUNCAN, BRUCE D.
ROUTE 4, BOX 67991 - PINE LANE
CRAWFORDVILLE FL 32327

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
SUTCLIFF, RICHARD
ROUTE 4, BOX 67991 - PINE LANE
CRAWFORDVILLE FL 32327

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD
DUNCAN, BRUCE D.
ROUTE 4, BOX 67991 - PINE LANE
CRAWFORDVILLE FL 32327

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

DUNCAN TRUCKING, INC. + BRUCE D. DUNCAN
PLEASE NOTE

NEW ADDRESS
(Same Location)

Principal Place + Mailing A.H.

371 Pine Lane
Crawfordville, FL
32327

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)(k), 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:

Bruce D. Duncan

Bruce D. Duncan

7-1-95

904-925-6595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Telephone Number)