2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000053371 DOCUMENT

1. Entity Name

HYNICK TRUCKING, INC.



Country

11. TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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Name

City

Principal Place of Business 1617 SOUTH DOVER ROAD DOVER FL 33527

2. Principal Place of Business

HYNICK, ANDREW T

DOVER FL 33527

SIGNATURE

10.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

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CITY-ST-ZIP

1617 SOUTH DOVER ROAD

: the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

HYNICK, SANDRA

DOVER FL 33527

HYNICK, ANDREW

1617 S. DOVER RD

VPST

DOVER FL

1617 S. DOVER RD.

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

1617 SOUTH DOVER ROAD

DOVER FL 33527

3. Mailing Address

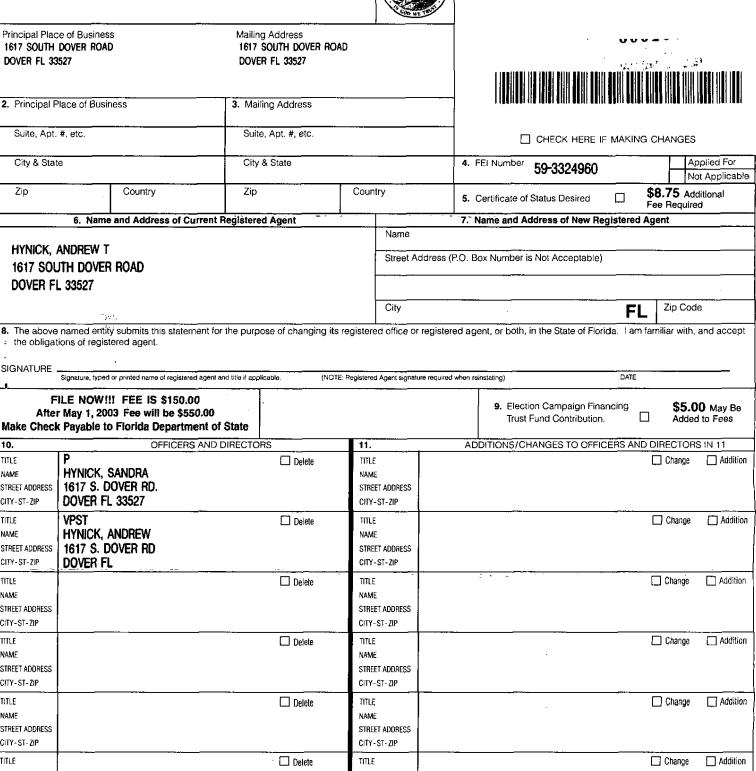
City & State

Zip

Suite, Apt. #, etc.

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90140 005 ***150.00



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

April 12, 2003 (8/3)
Date Date Dadies Plan