

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90023 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000058437**

1. Corporation Name
HENRY JR. TRUCKING INC.



Principal Place of Business
 9509 HWY 92 E
 TAMPA FL 33610

Mailing Address
 PO BOX 1833
 RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
07/26/1995

4. FEI Number
59-3329293

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WHITLOCK JR., HENRY C
9509 HWY 92 E
TAMPA FL 33610

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITLOCK, JR., HENRY C	
STREET ADDRESS	219 FAITHWAY DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HALLOCK, TINA M	
STREET ADDRESS	219 FAITHWAY DR	
CITY-ST-ZIP	SEFFNER FL 33584-5705	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	WHITLOCK, KENNETH D.	
STREET ADDRESS	219 FAITHWAY DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whitlock, Jr., Henry C	
1.3 STREET ADDRESS	3261 Bloomingdale Villas Ct.	
1.4 CITY-ST-ZIP	Brandon, FL. 33511	
2.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hallock, Tina M.	
2.3 STREET ADDRESS	3261 Bloomingdale Villas Ct.	
2.4 CITY-ST-ZIP	Brandon, FL. 33511	
3.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Whitlock Kenneth D.	
3.3 STREET ADDRESS	3261 Bloomingdale Villas Ct.	
3.4 CITY-ST-ZIP	Brandon, FL. 33511	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **Tina M. Hallock** **RETINA M. HALLOCK** **4/26/99** **813-681-6733**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)