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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(7)

GENE HYDE, TRUCKING CO., INC.

		· · · · · · · · · · · · · · · · · · ·				7			
Principal Place	of Business	Mailing Address							
2940 SWING		P.O. BOX 24568							
LAKELAND	FL 33805	LAKELAND FL 3380	2-1568						
US						3. Date incorporated or Qualified 12/04/1980	3a. Date	3/16/19	XXII
						12/04/1980	'	יפו וסו וטי	80
Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		Ar Ar	oplied For
, , micipa r]	ide of Boomies	26				59-2052159		N	ot Applicable
Suite, Apt. #	1 etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
1	1 0.00	27				S. Certificate of Ctatus Decired	<u> </u>	Fee Re	equired
City & State		City & State				6. Election Campaign Financing		4 •	May Be
]		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible ta	unders 1	199.032,
]	25	29	30				□No		
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New F	egistered A	gent	
				81	Name				
PARKS	S, JOHN PAUL		}	82	Street Addre	ess (P.O. Box Number is Not Acceptate	ile)		
C/O WENDEL, CHRITTON & PARKS, CHARTERED									
5300 \$	SOUTH FLORIDA AVENUE			83					
LAKELAND FL 33813					0.1			85 Zip	Code
					City		FL	1 1	
Id Characont	to the provisions of Sections 607.0502	and 607 1508 Fiorida Statu	ites, the abo	ve-na	amed corpora	ation submits this statement for the pu	rpose of cha	nging its re	gistered office
ne englister	od spoot, or both, in the State of Florid	ia such change was audion	1200 DV 1/10 C	corpo	ration's boar	d of directors. I hereby accept the app	ointment as	registereo :	agent. i ain
familiar wit	th, and accept the obligations of Secti	on 607.0505, Florida Statute	25.						
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if ancilicable IN	OTE: Registered	Agent	signature required	t when reinstating)	DATE		
2.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	3S IN 12
ILE	T VSD	☐ DELETE	1. 1 T	ITLE	PS	D		X Change	☐ Addition
IAME	HYDE, SHIRLEY M		12 N	AME	SH	HIRLEY M. HYDE			
TREET ADDRESS	4304 KNIGHT STATION RD	i.	1.3 \$	TREET A	ADDRESS 43	304 E. KNIGHTS GRIFF	IN RD.		
	PLANT CITY FL		140	ITY-ST		LANT CITY, FL. 33565			
HY-ST-ZIP	PO	☐ DELETE	2 1 1		CI			X Change	Addition
TITLE	HYDE, JAMES EUGENE	لسيا	22 N			YDE, JAMES E.			
NAME	4304 KNIGHT STATION RD	1	• • • •			304 E. KNIGHTS GRIFF	IN RD.		
STREET ADDRESS	PLANT CITY FL			17Y-ST		LANT CITY, FL. 33565			
CITY-ST-ZIP	T	[] DELETE	3.11			LANI CIII, FL. 3370. TD	<u> </u>	X Change	☐ Addition
TETLE	HARGRAVES, SHIRLEY JUI		3.1 N		HÀ	ARGRAVES, SHIRLEY JU	INE .	_	•
NAME	5010 SHADY OAKS DR S	11L			1.56	010 SHADY OAK DR. S.			
STREET ADDRESS	LAKELAND FL				AUDRESS T.	AKELAND, FL. 33809			
CITY - S1 - ZIP			■ 340	ITY - ST	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
THILE	LAKELAND FL						[M Channe	■ Addition
	LAKEUAND FL	DELETE	4. 1	TITLE		D:	[X Change	☐ Addition
NAME	LAKELAND FL	☐ DELETE	4. 1				Į	X Change	Addition
	LARELAND FL	☐ DELETE	4. 1 ° 4.2 N	TITLE NAME	Di 8	EWELL GENE HYDE 204 N. CAMPBELL RD.	Ţ	X Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LARELAND FL	☐ DELETE	4. 1 ¹ 4.2 h 4.3 S 4.4 (TITLE NAME	ADDRESS Di	EWELL GENE HYDE 204 N. CAMPBELL RD. AKELAND, FL. 33805		X Change	Addition Addition

6.4 CITY - ST - 7IP 14. I do hereby certify that the information sunplied 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 call; 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 attrichment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

☐ DELETE

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SHIRLEY HYDE

4-23-96

Date

HARGRAVES, ANTHONY

5010 SHADY OAK DR.

LAKELAND, FL. 33805

941-683-1525

Daytime Phone #

☐ Change

☐ Addition