2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07773

Entity Name: GENE HYDE TRUCKING CO., INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2940 SWINDELL RD LAKELAND, FL 33805 US **Current Mailing Address: New Mailing Address:** P.O. BOX 24568 2627 E. 21ST STREET LAKELAND, FL 338024568 TULSA, OK 74114 US FEI Number: 59-2052159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: O&D (X) Change () Addition HYDE, SHIRLEY M Name: Name: SMITH, TODD A 3324 HAWKS RIDGE DRIVE 2627 E. 21ST STREET Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: TULSA, OK 74114 US Title: Title: () Delete (X) Change () Addition ALLEN, ANTHONY D Name: HARGRAVES, SHIRLEY J Name: 290 HOWARD AVENUE 2627 E. 21ST STREET Address: Address: LAKELAND, FL 33815 TULSA, OK 74114 US City-St-Zip: City-St-Zip: Title: VD (X) Delete Title: () Change () Addition HYDE, DEWELL G Name: Name: 8204 N. CAMPBELL RD. Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: PD (X) Delete Title: () Change () Addition HYDE, JAMES E Name: Name: Address: 6924 MONTREAL DRIVE Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: CFOD (X) Delete Title: () Change () Addition Name: RIVERA, OBED Name: 625 FOX LAKE DR Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY D ALLEN O&D 04/28/2009