

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **374632** (8)
1. Corporation Name
MASON TRUCKING CO.



Principal Place of Business Mailing Address
HIGHWAY 44 WEST **HIGHWAY 44 WEST**
P.O. BOX 1236 **P.O. BOX 1236**
EUSTIS FL 32726 **EUSTIS FL 32726**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1970		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1309886		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

NORRIS, GAIL L.
2008 COUNTRY CLUB DR.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 is 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 the corporation)

(If the Registered Agent's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	NORRIS, CHARLES E., II	1.2 NAME	
STREET ADDRESS	HWY 46 A	1.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	1.4 CITY - ST - ZIP	
TITLE	PDT	2.1 TITLE	
NAME	NORRIS, GAIL L	2.2 NAME	
STREET ADDRESS	2008 COUNTRY CLUB DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	NORRIS, ROBERT E.	3.2 NAME	
STREET ADDRESS	429 PALM AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(a), 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: *Gail L. Norris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96 352-357-8000
Date Daytime Phone #

CR2E034 (12/95)