2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 406557

1. Entity Name
AUSTIN TUPLER TRUCKING, INC.

Principal Place of Business	Mailing Address
6570 SW 47TH CT. FT LAUDERDALE, FL 33314	6570 SW 47TH CT. FT LAUDERDALE, FL 33314

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1426412

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUPLER, AUSTIN
6570 S W 47TH CT
FT LAUDERDALE, FL 33314

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TUPLER, AUSTIN W
STREET ADDRESS	6570 S.W. 47TH CT.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PD
NAME	TUPLER, GLEN D.
STREET ADDRESS	6570 SW 47 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VD
NAME	TUPLER, MARC A.
STREET ADDRESS	6570 SW 47 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	STD
NAME	TUPLER, RUTH
STREET ADDRESS	6570 SW. 47 COURT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-12-04 (954) 583-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Glen D Tupler