

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F03000001074

1. Entity Name
GNI TRUCKING, INC.



Principal Place of Business
3108 CENTRAL DRIVE
PLANT CITY, FL 33566

Mailing Address
3108 CENTRAL DRIVE
PLANT CITY, FL 33566



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0070360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, FRANKLIN C
3108 CENTRAL DRIVE
PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME JOHNSON, FRANKLIN C
STREET ADDRESS 3108 CENTRAL DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE PD
NAME MCAVOY, SEAN T
STREET ADDRESS 3108 CENTRAL DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE TD
NAME BABBITT, ELTON
STREET ADDRESS 3108 CENTRAL DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

813-754-7500

Daytime Phone #