


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # F06000007327 |  |
| 1. Entity Name TIPTON TRUCKING CO., INC. | |

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| Principal Place of Business 397 WATERWAY ROAD OXFORD, PA 19363 | Mailing Address 397 WATERWAY ROAD OXFORD, PA 19363 |
|--|--|



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number 23-2074258 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent O'BRIEN, THERESA 20244 MELVILLE ST ORLANDO, FL 32833 | 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 _____ 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, 2008 Fee will be \$550.00

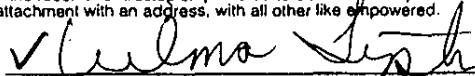
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT TIPTON, FRANK L 109 MEDIA ROAD OXFORD, PA 19363 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS TIPTON, WILMA B 109 MEDIA ROAD OXFORD, PA 19363 |
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**DO NOT WRITE
IN THIS SPACE**

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04/04/08-80012-006-150.00

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

03-14-08 610-932-5120
Date Daytime Phone #