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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F47766

PRITCHETT TRUCKING, INC.

Apr 29, 199 Secretary	99 8:00 am of State
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25 29 30 Persor al Property Tax. Ves No 9. Name and Address of Current Registered Agent PRITCHETT, MARVIN H. 675 S.E. 6TH ST. LAKE BUTLER FL 32054 82 Street Acdress (P.O. Bo) Number is Not Acceptable) 11. Pursuant to the provisions of Sictions 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 borh, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the app ointment as registered agent, and accept the obligations of Section 607.0502 and 607.1508, Florida Statutes. SIGNATUF E 12. OFFICERS ANI) DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS ANI) DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZP LAKE BUTLER, FL 00000 15. STREET ADDRESS CITY-ST-ZP LAKE BUTLER, FL 00000 16. Change Addition PRITCHETT, MARVIN H STREET ADDRESS CITY-ST-ZP LAKE BUTLER, FL 00000 17. ST-ZP LAKE BUTLER, FL 00000 18. CITY-ST-ZP LAKE BUTLER, FL 00000 19. LETE 31. TITLE 32. Street Acdress (P.O. Bo) Number is Not Acceptable) 19. Name 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Chan	City & State	— ´			•	- 1
9. Name and Address of Current Registered Agent PRITCHETT, MARVIN H. 675 S.E. 6TH ST. LAKE BUTLER FL 32054 82 Street Ac dress (P.O. Bo) Number is Not Acceptable) 83 Street Ac dress (P.O. Bo) Number is Not Acceptable) 11. Pursuant to the provisions of Sinctions 607.0502 and 607.1508. Florida Staft tes, the above-named component of the provisions of Sinctions 607.0502 and 607.1508. Florida Staft tes, the above-named component is this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Fl wide Statutes. SIGNATUFE Signature, typed or printed in a ne or registered agent and title if applicable. (NOT : Registered Agent arguments required when remarking) DATE 12. OFFICERS AND DIRECTORS 13. AODITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. AODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TIME ST	<u> </u>	<u> </u>		,		,,,, l
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675 S.E. 6TH ST. LAKE BUTLER FL 3205-4 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sictions 607.050; and 607.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the application of Section 607.0505, Fl virida Statutes. SIGNATUF SIGNATUF SIGNATUF ST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ST OFFICERS AND DIRECTORS 1.1 TITLE ST AME STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 1.3 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 00000 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition AME 3.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE 3.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CARDESS CITY-ST-ZIP C	PRITCHETT, MARVIN H.					
### Pursuant to the provisions of Skictions 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 was authorized by the corporation's board of (lirectors, I hereby accept the application are not registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ### Signature, typed or printed no not or registered agent and title if applicable. (NOT E Registered Agent segnature required when reinstating) DATE			82 Street Ac di	ress (P.O. Bo> Number is Not Acceptable)		
11. Pursuant to the provisions of Suctions 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 was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF E SIgnature, typed or printed as no of registered agent and title if applicable. (NOT E Registered Agent signature required when reinstating) 12. OFFICERS ANID DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ST OFFICERS ANID DIRECTORS 12. NAME STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 000000 14. CITY-ST-ZIP LAKE BUTLER, FL 000000 10. DELETE 3.1 TITLE OFFICERS ANID DIRECTORS 14. CITY-ST-ZIP DELETE 3.1 TITLE OCHange Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 000000 10. DELETE 3.1 TITLE 3.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP	LAKE BUTLER FL 32054		83			-
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14. I herety 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 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 possible 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 attact ment with an address, with a lifetime time the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR