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



PROFIT CORPORATION	FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham
ANNUAL REPORT	Secretary of State
1996	DIVISION OF CORPORATIONS
DOCUMENT # FS	92436 (7)
BLS TRUCKING, INC.	
Principal Place of Business	Mailing Address
2255 STARKEY ROAD LARGO FL 34641 US	% Jack St. Arnold 1370 Pinehurst Road Dunedin Fl. 34698
	2a. Mailing Address
2. Principal Place of Business	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28

2255 STARKEY ROAD LARGO FL 34641 US		% JACK ST. ARNOLD 1370 PINEHURST ROAD DUNEDIN FL 34698			3. Date Incorporated or Qualified 07/28/1982	1/17/199	·		
2. Principal Pla	ne of Business	2a. Mailing Address				4. FEI Number		L-+	polied For
	DO OF ENGINEESS	26				59-2295596			ot Applicable
21 Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22		27				6. Election Campaign Financing		\$5.00	May Be
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				Trust Fund Contribution		.	to Fees
23		28	Col	untry		8. This corporation has liability for	intangible	tax under s	199.032,
Zip	Country	Zip	30	y		Florida Statutes Yes	. ∐No		
24	9. Name and Address of Curre		30	T		10. Name and Address of New I	Registered	d Agent	
	9, Name and Address of Corre	it negroteres		81	Name				
OT ADA	OLD TYCK			82	Stroot Ada	Iress (P.O. Box Number is Not Accepta	ole)		
\$1. AMN	ST. ARNOLD, JACK 1370 PINEHURST ROAD			02	Street Auc	1007			
	N FL 34698			83	-				
•				84	City	oration submits this statement for the peard of directors. I hereby accept the ap	F		Code
familiar wi	th, and accept the obligations of, se	Chort 667.6666; Flerida Starter				oration submits this statement for the plant of directors. I hereby accept the appropriate the process of the p	DATE		
	Signature, typed or printed name of registered agr	ND DIRECTORS	13		r signation to open	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
12.	OFFICENS A	DELETE		TITLE				Change	☐ Addition
TITLE	GRIFFITH, BRENTON S.		12	NAME					
NAME CTOSET ACCOUNTS	2255 STARKEY RD		1.3	STREE	! ADDRESS				
STREET ADDRESS	LARGO, FL 00000		1.4	CITY-	ST-2IP		Change	Addition	
CITY-ST-ZIP TITLE		DELETE 2		2 1 T.TLE				☐ Change	Munician
NAME			2.2	NAME					
STREET ADDRESS			2 3	STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIF			Change	Addition
TITLE		☐ DELETE		1 TITLE	ľ				_
NAME				2 NAME					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP		DELETE		4 CI'Y: 1 TITul	S1 - ZiP			Change	☐ Addition
TITLE				2 NAMI					
NAME					ET ADDRESS				
STREET ACCRESS					- ST - 21P				
CITY - ST - ZIF		DELETE		1 TITL				Change	☐ Addition
TITLE			5	2 NAM	E				
NAME STOCKE ADDRESS			5	3 STRE	ET ADDRESS				
STREET ADDRESS			. 5	4 CITY	- ST- ZIP			<u></u>	F Addis a
CITY-ST-ZIP		☐ DELETF	6	1 TIIL	E			Change	Additio
NAME		-	6	i.2 NAM	IE.				
STREET ADDRESS			6	3 STR	EL ADORESS				
I SINCEL ADDINES) 1								

64 CITY-ST-ZIP

14. If 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)(k), 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 certify 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR