2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000000295

1. Entity Name
CHOCTAW TRANSPORTATION COMPANY, INC.

Principal Place of Business	Mailing Address
1309 E. COURT ST. DYERSBURG, TN 38024	P. O. BOX 585 DYERSBURG, TN 38024

DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0357840

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 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	D
NAME	FORD, JOHN H
STREET ADDRESS	164 QUAIL HOLLOW DR.
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	PD
NAME	FORD, JR., KENT
STREET ADDRESS	309 PARKVIEW
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	S
NAME	GLIDEWELL, TIM
STREET ADDRESS	1309 E COURT ST
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	VD
NAME	MOORE, JEAN F
STREET ADDRESS	1309 E COURT ST
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	T
NAME	HASSELLE, THOMAS W
STREET ADDRESS	1309 E COURT ST
CITY-ST-ZIP	DYERSBURG, TN 38024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-00090-020 158.75

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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: Thomas Hasselle 4/4/08 731-285-5185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #