


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000006741		
1. Entity Name ARROW TRUCKING CO.		

Principal Place of Business 4320 S ELWOOD AVE PO BOX 3570 TULSA, OK 74101	Mailing Address P.O. BOX 3570 TULSA, OK 74101 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

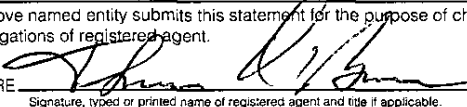
FILED
04 NOV -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'BRIEN, THERESA 20244 MELVILLE STREET ORLANDO, FL 32833		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

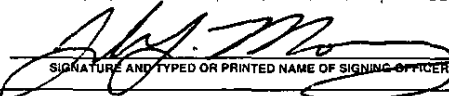
SIGNATURE  DATE 11-27-04

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 January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIELSTICKER, DOUGLAS J			NAME	500042554725		
STREET ADDRESS	4320 S ELWOOD AVE			STREET ADDRESS	11/08/04--01022--002 **150.00		
CITY-ST-ZIP	TULSA, OK 74107			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOWRY, JOSEPH			NAME	REINSTATEMENT		
STREET ADDRESS	4320 S ELWOOD AVE			STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74101			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIELSTICKER, CAROL			NAME			
STREET ADDRESS	4320 S ELWOOD AVE			STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74101			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, GARY L			NAME			
STREET ADDRESS	4320 S ELWOOD AVE			STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74101			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERALD, ROBERT N			NAME			
STREET ADDRESS	4320 S ELWOOD AVE			STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74101			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby 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 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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR