

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G13501** (3)  
1. Corporation Name  
**TERRY DICKS TRUCKING CO., INC.**



Principal Place of Business: RT 10 BOX 319 LAKE CITY FL 32055 US  
Mailing Address: RTT 10 BOX 319 LAKE CITY FL 32056-0319 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		12/15/1982	04/23/1996
22. City & State		27. City & State		4. FEI Number	Applied For / Not Applicable
23. Zip		28. Zip		59-2266270	
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKS, NORMAN TERRY RT. 3, BOX 138-C LAKE CITY FL 32055				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, NORMAN TERRY	1.2 NAME	
STREET ADDRESS	RT 3 BOX 138-C	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY, FL 00000	1.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, CLINTON F., JR.	2.2 NAME	
STREET ADDRESS	RT 3, BOX 98	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002131908
STREET ADDRESS		6.3 STREET ADDRESS	-04/02/97--01119--010
CITY- ST- ZIP		6.4 CITY- ST- ZIP	***495.00

14. I do 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 included 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 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: *N. Terry Dicks* N. Terry Dicks, President 3/28/97 (904) 752-1093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

*K. D. 4/2/97*