SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G81215** **(7)**

1. Corporation Name

ROGER HUTCHINS TRUCKING, INC.

Principal Place of Business	Mailing Address
10389 159TH COURT NORTH SUITE #4 JUPITER FL 33478 US	9260 W INDIAN TOWN ROAD 10-645 JUPITER FL 33478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1984
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 6671 W. Indiantown Rd	26 6671 W. Indiantown Rd
Suite, Apt. #, etc. 22 Suite 56-455	Suite, Apt. #, etc. 27 Suite 56-455
City & State 23 Jupiter	City & State 28 Jupiter
24 33458 25 Palm Beach	29 33458 30 Palm Beach

4. FEI Number: 59-2474868 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

6. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKENZIE, ROBERT 10389 159TH CT. NO. JUPITER FL 33478	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 [illegible] NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADD, DELETE, AMEND NAME OR ADDRESS	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCKENZIE, ROBERT	12 NAME	
STREET ADDRESS	10389 159TH CT. NO.	13 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	VAN HUTCHINS, ROGER	22 NAME	
STREET ADDRESS	17584-127TH DR.,N.	23 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MCKENZIE, KATHLEEN A.	32 NAME	
STREET ADDRESS	10389-159TH CT.,N.	33 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I 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)(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 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: Kathleen C. McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-95
Date

407-744-3547
Daytime Phone #

000316 CP