

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

FILED

Mar 20 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 # **G82840**
1. Corporation Name
SEVERANCE TRUCKING, INC.

(1)



Principal Place of Business: **189 S. CRAIG AVENUE P.O. BOX 1636 LAKE CITY FL 32056**

Mailing Address: **189 S. CRAIG AVENUE P.O. BOX 1636 LAKE CITY FL 32056-1636**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/01/1984	3a. Date of Last Report 03/12/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2373156	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SEVERANCE, CHARLES
189 S. CRAIG ST.
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
add change **RA 12 BOX 42A PRICE CREEK RD**

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 _____ (Signature of registered agent or both the registered agent and the filing officer) _____ (Signature of Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, MALVARIE	1.2 NAME	
STREET ADDRESS	189 S. CRAIG STREET	1.3 STREET ADDRESS	RA 12 BOX 42A PRICE CR RD
CITY-STATE-ZIP	LAKE CITY FL	1.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, CHARLES	2.2 NAME	
STREET ADDRESS	189 S. CRAIG ST.	2.3 STREET ADDRESS	RA 12 BOX 42A PRICE CR RD
CITY-STATE-ZIP	LAKE CITY FL	2.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, MICHAEL C.	3.2 NAME	
STREET ADDRESS	4987 WESLEYAN WOODS DR	3.3 STREET ADDRESS	436 LAMOUR DR
CITY-STATE-ZIP	MACON GA	3.4 CITY-STATE-ZIP	31210
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 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 on Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE: *Malvarie Severance* MALVARIE SEVERANCE 3-17-97 904-752-3822

CR2E034 (9/96)