

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G82840** (1)

1. Corporation Name
SEVERANCE TRUCKING, INC.

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1984

4. FEI Number
59-2373156

Applied For
Not Applicable

2. Principal Place of Business **ST RD 245**

2a. Mailing Address

21 **RT 12 BOX 42A**

26 **RT 12 BOX 42A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **LAKE CITY FL**

27 **PRICE CREEK ST RD 245**

City & State

City & State

23 **32025**

28 **LAKE CITY FL**

Zip

Zip

Country

24 **COI**

29 **32025**

Country

30 **COI**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEVERANCE, CHARLES
RT 12 BOX 42A
PRICE CREEK RD
LAKE CITY FL 32025**

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 **Charles Severance**

(Seal)

4-19-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, MALVARIE	1.2 NAME	
STREET ADDRESS	RT 2 BOX 42A PRICE CK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, CHARLES	2.2 NAME	
STREET ADDRESS	RT 12 BOX 42A PRICE CK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERANCE, MICHAEL C.	3.2 NAME	
STREET ADDRESS	436 LAMOUR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **MALVARIE SEVERANCE** **4-19-98**

CR2E034 (10/97)