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Jan 27 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 # H47200

(1)

1. Corporation Name

BLACKSHEEP TRUCKING, INC.

Principal Place of Business

10423 HARNEY RD.
HARVEY
THONOTOSASSA FL 33592
US

Mailing Address

10423 HARNEY RD
THONOTOSASSA FL 33592-2953
US



3. Date Incorporated or Qualified

03/14/1985

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21 4904 Kitty Hawk dr.

Suite, Apt. #, etc.

22 City & State

23 28phyrhills Florida

Zip

24 33540

Country

25 Pasco

2a. Mailing Address

26 4904 Kitty Hawk dr.

Suite, Apt. #, etc.

27 City & State

28 28phyrhills Florida

Zip

29 33540

Country

30 Pasco

4. FEI Number

59-2494417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.
612 S. GREENWOOD AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME MILLER, DANIEL A.
STREET ADDRESS 10423 HARNEY ROAD
CITY-ST-ZIP THONOTOSASSA FL

TITLE VTD ☐ DELETE

NAME MILLER, DARLENE
STREET ADDRESS 10423 HARNEY ROAD
CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4904 Kitty Hawk dr
28phyrhills Fla 33540

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4904 Kitty Hawk dr
28phyrhills Fla 33540

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Darlene Miller Darlene Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

Date

813-80-6111

Daytime Phone #

CR2E034 (9/96)