

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

**FILED**

**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**

21	2. Principal Place of Business <b>4904 Kitty Hawk dr.</b>	26	2a. Mailing Address <b>4904 Kitty Hawk dr.</b>	4.	FEI Number <b>59-2494417</b>	Applied For
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State <b>2ephyrhills Florida</b>	28	City & State <b>2ephyrhills Florida</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip <b>33540</b>	29	Zip <b>33540</b>	30	Country <b>Pasco</b>	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 <b>REGISTERED CORPORATE AGENTS, INC. 612 S. GREENWOOD AVE. CLEARWATER FL 34616</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, DANIEL A.</b>	1.2 NAME	
STREET ADDRESS	<b>10423 HARNEY ROAD</b>	1.3 STREET ADDRESS	<b>4904 Kitty Hawk dr</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	1.4 CITY-ST-ZIP	<b>2ephyrhills Fla 33540</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, DARLENE</b>	2.2 NAME	
STREET ADDRESS	<b>10423 HARNEY ROAD</b>	2.3 STREET ADDRESS	<b>4904 Kitty Hawk dr</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	2.4 CITY-ST-ZIP	<b>2ephyrhills Fla 33540</b>
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** **1-17-97** **813-80-6711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)