FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H70598** **(8)**

1. Corporation Name
GREER TRUCKING COMPANY, INC.

Principal Place of Business	Mailing Address
6919 PICKETTVILLE RD. P.O. BOX 37654 JACKSONVILLE FL 32220-2475	6919 PICKETTVILLE RD. P.O. BOX 37654 JACKSONVILLE FL 32220-2475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/07/1985	03/25/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 59-2596877 ☐ 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	10. Name and Address of New Registered Agent
GREER, MARY WHITE 6919 PICKETTVILLE RD. JACKSONVILLE FL 32220	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PDS	☒ Change ☐ Addition
NAME	GREER, JAMES ALBERT JR.	12 NAME	GREER, MARY WHITE	
STREET ADDRESS	6919 PICKETTVILLE RD.	13 STREET ADDRESS	6919 Pickettville Rd.	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, Fl.	
TITLE	DS	21 TITLE	DV	☒ Change ☐ Addition
NAME	GREER, MARY WHITE	22 NAME	GREER, JAMES RONALD	
STREET ADDRESS	6919 PICKETTVILLE RD.	23 STREET ADDRESS	214 Lemont Ave.	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Hudson, NC	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	GREER, JAMES RONALD	32 NAME	GREER, JOHN CARROL	
STREET ADDRESS	214 LEMONT AVE.	33 STREET ADDRESS	6921 Pickettville Rd.	
CITY ST ZIP	HUDSON N.	34 CITY ST ZIP	Jacksonville, FL	
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		

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 Mary W. Greer Mary W. Greer 4-28-95 904-783-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP