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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # H70598**

1. Corporation Name

Principal Place of Business

GREER TRUCKING COMPANY, INC.

717 CAMANN ST GREENSBORO NC 27407		717 CAMANN ST GREENSBORO NC 27407					1 DO NO	T WRITE IN THIS	SPACI	=	
US		US				3. Date Incorpo	orated or Q		0,7,0,	<u>-</u>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				Арр	ied For
21		26				59-25968	77				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. = =	5. Certificate of Status Desired						
City & Stat	е	City & State				6. Election Can Trust Fund C	-	-		.00 N	
Zip	Country 25	Zip 31	Countr	У		8. This corporal Personal Pro		he current year Into	ngible   Ye:		□No
,	9. Name and Address of Curre	ent Registered Agent				10. Name and	Address of	New Registered	Agent		
			81	1 1	Name						
	y, elihew Ane ave south		82 Street Add			s (P.O. Box Num	ber is Not	Acceptable)			
JACKSONVILLE FL 32254			8:	3							
			84	4 (	City			FL	85	Zip C	ode
office or r	egistered agent, or both, in the Stat rn familiar with, and accept the obliq	502 and 607.1508, Florida Statutes te of Florida. Such change was auth gations of, Section 607.0505, Florid	norized by la Statute	y tn s.	ne corporation s	s poard of direct	statement ors. I hereb	for the purpose of y accept the appoin	changi itment	ng its r as regi	egistered stered
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12.	C	DELETE	13.		VT		JIMIGES	TO OFFICERO AI	□ Ch		Addition
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

**SIGNATURE:** 

REQUIRE Jac Wright, Jr.

6.4 CITY-ST-ZIP

3-26-99

336-855-1355

CR2E034 (11/98)