

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # H88728 1. Entity Name BOUTWELL TRUCK LINES, INC.	
--	---

Principal Place of Business % BOBBY A. BOUTWELL 3525 HWY 4 WEST JAY, FL 32565 US	Mailing Address PO BOX 296 JAY, FL 32565 US
---	---

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2661121	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOBBY A. BOUTWELL
3525 HWY 4 WEST
HIGHWAY #4
JAY, FL 32565

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BOUTWELL, BOBBY A. 3525 HWY 4 WEST JAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOUTWELL, BILLY R. 3600 GREENWOOD ROAD JAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BOUTWELL, D. LAVON 12500 HWY 89 JAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000004008
01/14/04-80010-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby A. Boutwell **Bobby A. Boutwell** 1-9-04
850-675-6419

Date

Daytime Phone #