

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K62150

1. Corporation Name

Huntington Trucking service, Inc

Principal Place of Business

8630 gibson oaks dr
Lakeland, Fl 33809

Mailing Address

P.O. Box 91073
Lakeland, Fl
33804-1073

2. Principal Place of Business

2a. Mailing Address

21 8630-Gibson Oaks Dr

26 P.O. Box 91073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lakeland, fl

28 Lakeland, Florida

Zip Country

Zip Country

24 33809 25 Polk

29 33804-1073 30 Polk

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4/15/88

3a. Date of Last Report

4/1996

4. FEI Number

59-2930193

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

10. Name and Address of New Registered Agent

81 Name

Carolyn F Sewell

82 Street Address (P.O. Box Number is Not Acceptable)

8630 Gibson Oaks Drive

83

84 City

Lakeland

FL

85 Zip Code

33809

11. Pursuant to the provisions of Sections 607.0512 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

Carolyn F Sewell

6. Date of Appointment as Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S & T
Pamela J. Huntington
8630 GIBSON OAKS DR
LAKELAND, FL 33809

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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)(k), 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

Carolyn F Sewell

S & T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn F Sewell

5-4-96

06-22-96 DR

CR2E034 (12/95)