# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

# 1999 DOCUMENT # L20949 1. Corporation Name

### B. BUCHANAN TRUCKING, INC.

Mailing Address Principal Place of Business 698 SAPP ROAD 698 SAPP ROAD NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 3. Date Incorporated or Qualified 10/03/1989 FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2981379 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State Election Campaign Financing City & State Trust Fund Contribution 28 23 Country

## FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90020 016 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

_ <sup>Zip</sup>	L Country			٦		the state of the second state of the state o	Yes No	
4	25	[29]	30			Intangible Personal Property.		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
				81	Name			
BUCHANAN, BUCK C					Street Address (P.O. Box Number is Not Acceptable)			
698 SAPP ROAD					Ottootria			
NEW SMYRNA BEACH FL 32168								
_					· · · · · · · · · · · · · · · · · · ·		7:- C-d-	
				84	City	F	85 Zip Code	
	007.000		Chabutaa th		named com	paretion submits this statement for the nurnose of	f changing its registered	
office or r	to the provisions of sections 607,0502 registered agent, or both, in the State of familiar with, and accept the obligat	it Florida. Such chand	ie was autho	orizea ov	une corpora	tion's board of directors. I hereby accept the ap	pointment as registered	
-	im familiar with, and accept the obligat	ions of, section our.or	JUJ, FIUNGA	Giatotos	•			
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable.	(NOTE: F	Registered A	ent signature re	equired when reinstating) DATE	- <u> </u>	
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	P		ETE	1.1 TITLE	$\overline{}$		Change Addition	
NAME	BUCHANAN, BUCK C			1.2 NAME				
STREET ADDRESS	698 SAPP ROAD			1.3 STREET	ADDRESS			
ĭ	NEW SMYRNA BEACH FL 32168	2		1.4 CITY-ST	- 1			
TITLE	VP DELETE		CTC	2.1 TITLE			Change Addition	
	RICHARD L RUGER	A DEL	1	2.2 NAME		•		
NAME		•		2.3 STREET	ADDRESS	•		
STREET ADDRESS	1670 SHANGRI-LA DR			2.4 CITY-ST			and the second	
CITY-ST-Z/P	DAYTONA BCH FL 32119		ETE	3.1 TITLE	-		Change Addition	
TITLE	•			3.2 NAME				
NAME				3.3 STREET	VUUDESS			
STREET ADDRESS				3.4 CITY-ST	ì			
CITY-S7-ZIP			LETE	4.1 TITLE	·LIF		Change Addition	
TITLE		[] DEL	EIE	4.2 NAME	}			
NAME				4.3 STREET	ADDDESS			
STREET ADDRESS					l			
CITY-ST-ZIP				4.4 CITY-ST 5.1 TITLE	-ZIP		Change Addition	
TITLE		L DEI	LEIE					
NAME			1	5.2 NAME	ADDDECC			
STREET ADDRESS			1	5.3 STREET	- 1			
CITY-ST-ZIP				5.4 CITY-51	-ZIP		Change Addition	
TITLE		L DEI	LETE	8.1 TITLE	] ``		Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	1			
CITY-ST-ZIP	<u> </u>			6.4 CITY-ST	ZIP	ection 119.07(3)(i), Florida Statutes. I further cer	tify that the information	
14. I hereby co	artify that the information supplied with t	this filing does not qua	auty for the e	exemption	stated in se	action (1a.07(3)(i), Florida Statutes, I further cer	my mac the information	

4. 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 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: MAN THE OF BEATTON NAME OF SIGNING OFFICER OF DIRECTOR

10-99 904

704-426-0959 Daving Phone # KZE034 (5/99)