

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31006

(4)

1. Corporation Name

KENNEDY TRUCKING COMPANY

Principal Place of Business

502 BRIDGERS AVENUE
AUBURDALE FL 33823

Mailing Address

502 BRIDGERS AVENUE
AUBURDALE FL 33823

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/21/1989

3a. Date of Last Report
08/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

4. FEI Number
59-2979682

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

BOSTICK, GUY
% 502 BRIDGERS AVE.
AUBURDALE FL 33823

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VST
NAME	JACOBS, MILTON
STREET ADDRESS	502 E BRIDGERS AVE.
CITY - ST - ZIP	AUBURDALE FL
TITLE	D
NAME	BOSTICK, GUY
STREET ADDRESS	502 E BRIDGERS AVE
CITY - ST - ZIP	AUBURDALE FL
TITLE	DEVP
NAME	BOSTICK, MARK
STREET ADDRESS	502 E BRIDGERS AVE
CITY - ST - ZIP	AUBURDALE FL
TITLE	P
NAME	CONWAY, JAMES
STREET ADDRESS	502 E BRIDGERS AVE
CITY - ST - ZIP	AUBURDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VT	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5.1 TITLE	S	☐ Change ☒ Addition
52 NAME	Billy R. Ready	
53 STREET ADDRESS	502 E. Bridgers Avenue	
54 CITY - ST - ZIP	Auburndale, FL 33823	
6.1 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(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 changing, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

Date

(813) 967-1101

Telephone Number