

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 SEP -9 AM 9:06

Page 1 of 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32857 1. Entity Name FARRIS TRUCKING, INC.					
Principal Place of Business C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440			Mailing Address C/O HARRY FARRIS 4602 HWY 273 P.O. BOX 232 GRACEVILLE, FL 32440		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3011138	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE 09/10/04--01069--012 **\$1.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald Boyett Delete 170 7th Street Chipley FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Carter Delete 2300 Hwy 179 Bonifay FL 32425	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Simmons Delete 2739 N. Holmes Creek Rd Bonifay FL 32425	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellis Pearson Delete 1068 Wildwood Lane Graceville FL 32440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alden J. Rodrigue, Jr. Addition 2508 Park Lane Alford FL 32402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, VICKI L 429 WOLFEN ROAD SLOCUMB, AL 36375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maurice D. Moody Addition 2320 Rogers Lane Cottondale FL 32431-7544	
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: Lucretia Farris 9/2/04 850-263-1927 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

* Amended Attachment *

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DOCUMENT # L32857

1. Entity Name
FARRIS TRUCKING, INC.



Principal Place of Business
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

Mailing Address
C/O HARRY FARRIS 4602 HWY 273
P.O. BOX 232
GRACEVILLE, FL 32440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3011138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

FARRIS, HARRY
4602 HWY 273
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, HARRY	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIS, LUCRETIA	
STREET ADDRESS	4602 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FARRIS, JODY E	
STREET ADDRESS	4622 HWY 273	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, KEVIN R	
STREET ADDRESS	1177 1ST AVENUE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANE, JESSE T	
STREET ADDRESS	4381 HWY 77	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JORDAN, VICKI L	
STREET ADDRESS	429 WOLFFEN ROAD	
CITY-ST-ZIP	SLOCOMB, AL 36375	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny J. Spires	
STREET ADDRESS	5218 Old US Rd	
CITY-ST-ZIP	Marianna FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #