


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 038 ***150.00

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	4. FEI Number 59-3011138	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	Tracy A Bradley 1320 Peanut Road Cottondale FL 32431
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	Gary H Burkhead, JR 1684 Malcolm Taylor Rd 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	Jeffrey S. Daly 443 Corbin Rd Cottondale FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobby Gene Rodgers 3015 Woody Marion Drive Chipley FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Dickerson 14301 Mercedes Ave Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, VICKI L 429 WOLFEN ROAD SLOCOMB, AL 36375	<input type="checkbox"/> Delete		TITLE 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: <u>Lucretia W. Farris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/10/05 850-263-7927 Date Daytime Phone #	

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

FILED
Mar 18, 2004 8:00 am
Secretary of State


03-18-2004 90001 027 ***150.00

ATTACHMENT

20048063

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

03112004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3011138

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

8. 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

9. 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 _____

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		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	V Donald Sargent 20496 NE Bridge Ave Gainesville FL 32624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
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	Donald Boyett 710 7th Street Chipley FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	Dewey H. Whisenant 5445 Bailey Street Graceville FL 32440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, VICKI L 429 WOLFEN ROAD SLOCOMB, AL 36375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lucrecia W. Farris 3/16/04 850-263-7927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

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.

800040970878

09/10/04--01069--012 **\$1.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FARRIS, HARRY
STREET ADDRESS 4602 HWY 273
CITY-ST-ZIP GRACEVILLE, FL

TITLE ☐ Change ☐ Addition
NAME ~~Donald Bayett~~ Delete
STREET ADDRESS ~~1107th St~~
CITY-ST-ZIP ~~Gracey FL 32428~~

TITLE D ☐ Delete
NAME FARRIS, LUCRETIA
STREET ADDRESS 4802 HWY 273
CITY-ST-ZIP GRACEVILLE, FL

TITLE ☐ Change ☐ Addition
NAME ~~David Carter~~ Delete
STREET ADDRESS ~~2300 Hwy 179~~
CITY-ST-ZIP ~~Bonifay FL 32425~~

TITLE CEO ☐ Delete
NAME FARRIS, JODY E
STREET ADDRESS 4622 HWY 273
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE ☐ Change ☐ Addition
NAME ~~Scott Simmons~~ Delete
STREET ADDRESS ~~3739 N. Holmes Creek Rd~~
CITY-ST-ZIP ~~Bonifay FL 32425~~

TITLE V ☐ Delete
NAME WARD, KEVIN R
STREET ADDRESS 1177 1ST AVENUE
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE ☐ Change ☐ Addition
NAME ~~Ellis Pearson~~ Delete
STREET ADDRESS ~~1008 Wildwood Lane~~
CITY-ST-ZIP ~~Graceville FL 32440~~

TITLE V ☐ Delete
NAME LANE, JESSE T
STREET ADDRESS 4381 HWY 77
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE ☐ Change ☐ Addition
NAME ~~Aiden J. Rodrigue, Jr.~~ DELETE
STREET ADDRESS ~~2508 Park Lane~~
CITY-ST-ZIP ~~Alford FL 32402~~

TITLE AS ☐ Delete
NAME JORDAN, VICKI L
STREET ADDRESS 429 WOLFEN ROAD
CITY-ST-ZIP SLOCOMB, AL 36375

TITLE ☐ Change ☒ Addition
NAME ~~Marice D. Moody~~
STREET ADDRESS ~~2320 Rogers Lane~~
CITY-ST-ZIP ~~Colquhoun 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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

Lucretia Farris 9/2/04 850-263-1927


ATTACHMENT

2005 Attachment Only

2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maurice A. Moody 3320 Rogers Lane Cottondale FL 32431-1541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRIS, LUCRETIA 4602 HWY 273 GRACEVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny J. Spikes 5218 Old US Rd Marianna FL 32446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRIS, JODY E 4622 HWY 273 GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dewey H. Whisenant 5445 Bailey St Marianna FL 32440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, KEVIN R 1177 1ST AVENUE GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Billy Todd Caudill 1976 Crooms Road Cottondale FL 32431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OK on report
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, JESSE T 4381 HWY 77 GRACEVILLE, FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert E Taylor 1232 S County Rd 59 Tallapoosa AL 36301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OK on report
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JORDAN, YICKI L 429 WOLFEN ROAD SLOCOMB, AL 36375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry T. Pearson 2460 Cile Lane Marianna FL 32446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
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2005 Attachment attachment only
2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

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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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
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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	V Randy K. Brown PO Box 623 Malone FL 32445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS JORDAN, VICKI L 429 WOLFEN ROAD SLOCOMB, AL 36375 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/18/04 850-263-7427 Date Daytime Phone #	