

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
James M. Smith

APPROVED
AND
FILED

05/01/95 PM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55884**

(5)

PRITCHETT TRUCKING SOUTHERN DIVISION, INC.

HIGHWAY 121 SOUTH
LAKE BUTLER FL 32054

HIGHWAY 121 SOUTH
LAKE BUTLER FL 32054

DATE OF NEXT FILING: 05/01/96

2. Filing Date of Report		2a. Mailing Address		3. Filing Date of Report		3a. Mailing Address	
21		26		03/08/1990		05/01/1994	
22		27		4. FEE Number		Applied For	
23		28		59-3004428		Not Applicable	
24		29		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				7. The Corporation has had only one director for the past year (Required)		X	

9. Name and Address of Current Registered Agent

PRITCHETT, M.H.
SOUTH HIGHWAY 121
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent

81	Name
82	Street Address (If no business address, give home address)
83	
84	City
85	State

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is organized in accordance with the laws of the State of Florida, and that the above named corporation is organized in accordance with the laws of the State of Florida, and that the above named corporation is organized in accordance with the laws of the State of Florida.

SIGNATURE

12. DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D PRITCHETT, MARVIN H.	NAME	
STREET ADDRESS	HWY. 121, SOUTH LAKE BUTLER FL	STREET ADDRESS	
CITY	D PRITCHETT, JON W.	CITY	
STATE	HWY. 121, SOUTH LAKE BUTLER FL	STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply with the requirements of the Florida Statutes, Chapter 607, Florida Statutes, and that the information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
(904-496-2630)