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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

(9)

SIGNATURE: /

TERRY OGBURN TRUCKING, INC.

Principal Place of Business Mailing Address 903 OLD AVON PARK ROAD 903 OLD AVON PARK ROAD FROSTPROOF FL 33843 FROSTPROOF FL 33843							
					3. Date incorporated or Qualified 04/25/1990	3a. Date of Las 06/09/	Report 1995
2. Principa' Plac	ce of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			4. FEI Number Applied For Not Applied by Not Applied For		Applied For Not Applicable
Suite, Apt #, 22	eto.				5. Certificate of Status Desired \$8.75 Additional Fee Regulred		
City & State	·				Election Campaign Financing Trust Fund Contribution	Added to Fees	
Ζη∍ 24	Country 25	7 _{IP}	Gount 30	ry		□No	rs 199.032,
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New F	egistered Agent	
OGBURN	, SUSAN G.						
903 OLD	AVON PARK ROAD		8	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
FROSTPR	ROOF FL		8	3			
			8	4 City		 85	Zip Code
					ration submits this statement for the pu	FL	
or registere familiar with SIGNATURE	diagop or both, in the State of Floric , applications of Section o	la Such change was authori on 607.0505, Florida Statute am bibrit and deather N	zed by the co S. OIE Registered A	rporation's boo Sus Ar gent signature requir	ard of directors. I hereby accept the app A burn ed when penglaing)	ointment as registe /- 3/- 96 DATE	red agent. I am
12. Դու	D OF ICHES AND	DIRECTORS DELETE	13.		ODDITIONS/CHANGES TO OFF	ICERS AND DIREC	
NAM:	OGBURN, TERRY M.		1.2 NAM				de D Modition
STREET ADDRESS	903 OLD AVON PARK RD.			ET ADDRESS			
(+1++\$1+7+P	FROSTPROOF FL		1.4 CiTy	- ST - ZIP			
TILE	OGBURN, SUSAN G.	☐ DELETE	2 1 1111	F		☐ Chan	ge 🔲 Addition
NAM-	903 OLD AVON PARK RD.		2 2 NAM				
STREET ADDRESS	FROSTPROOF FL		1	ET ADORESS			
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NAMÉ			62 NAV				
STREET ACCRESS				ET ADDRESS			
011Y_ST_ZP	certify that the information supplied v	with this filing is voluntarily fur		-st-zip besinot qualify	for the exemption stated in Section 119	.07(3)(k), Florida St	atutes. I further
certify that I	the information indicated on this annu	al report or supplemental an ration or the receiver or trust	nual report is ee emoowere	true and accur	rate and that my signature shall have the his report as required by Chapter 607, Fi	same legal effect a	as if made under

Operation NAME OF SIGNING OFFICER OF DIRECTOR

1-31-96 941.635-4669
Date Daytime Prone I