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 # L8
1. Corporation Name

L84139

(9)

BURRILL'S TRUCKING, INC.

		M-Tan Addison							
Principal Place of	of Business	-	Mailing Address			ļ			
C/O JAY R. BURRILL			C/O JAY R. BURRILL 5221 PAUL MYER LANE PLANT CITY FL 33567						
5221 PAUL MYER LANE PLANT CITY FL 33567						3. Date Incorporated or Qualified 07/01/1990			
2. Principal Pla	ne o' Business	2a. Mailing Address				4. FEI Number		Α	Applied For
21		26	26			59-3018026 Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		Additional
22		27							Required
City & State		Oity & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	intangible tax	under s	199.032,
24	25	29	30	r		Florida Statutes Yes 10. Name and Address of New F		ent	
	9. Name and Address of Curro	ent Registered Agent		81	Name	IV. Name and Address of New Y		,	
									
BURRILL, JAY R.			82 Street A		Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
	JL MYER LANE			В3	ļ				
PLANI C	ITY FL 33567							Ine I 7:	p Code
				84	City		FL	85 Zip	Code
or registere familiar wit	o the provisions of Sections 607.05 od agent, or both, in the State of Fich in, and accept the obligations of, Se Signalure, typed or printed name of registered ag	ection 607.0505, Florida Statute	S.	corp	partied corpor poration's boar	ration submits this statement for the purif of directors. I hereby accept the app d whon renstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE	1.13	TITLE				Change	Addition
NAME	BURRILL, JAY R.		1.2 N	1.2 NAME					
STREET ADDRESS	5221 PAUL MYER LANE				T ADDRESS				
CITY - ST - ZIP	PLANT CITY FL	F) portice			ST-ZIP			Change	Addition
TITLE	V	☐ DELETE		TITLE			L.	Change	
NAME	BURRILL, ROY R			IAME					
STREET ADDRESS	5215 PAUL MYER LANE				T ADDRESS ST-ZIP				
CITY S1-ZIP	PLANT CITY FL	DELETE		TITLE				Change	Addition
TOLE				NAME					1
NAME STREET ADDRESS					ET ADDRESS				
City -ST-7IP			34(CITY-:	ST-ZIP				
TITLE		☐ DELETE	4.1	TITLE] Change	☐ Addition
NAME			421	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-ST-ZIP			4.4	CITY -	SI-ZIP			7 01	T Addition
THLE		☐ DELETE	5 1	TITLE	Ì		L] Change	Addition
NAME				NAME	1				
STREET ADDRESS					ET ADDRESS				
CITY - S1 - ZIP		El porces			- ST - ZIP -		Г	Change	Addition
TITLE		☐ DELETE		TITLE			L-	ya	
NAME				NAME	1				
STREET ADDRESS					FT ADDRESS - ST- ZiP				
L OUTLY OF THE	1		■ 64	ъпт-	31 ZT 1				

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 119.07(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 certify that I are 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 changed, or on an attachment with an address.

SIGNATURE: Joy R Bushing the straining officer or present o