

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L84139

1. Corporation Name

BURRILL'S TRUCKING, INC.

Principal Place of Business Mailing Address C/O JAY R. BURRILL C/O JAY R. BURRILL 5221 PAUL MYER LANE 5221 PAUL MYER LANE DO NOT WRITE IN THIS SPACE PLANT CITY FL 33567 PLANT CITY FL 33567 3. Date Incorporated or Qualifed 07/01/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3018026 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certifcate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BURRILL, JAY R. Street Address (P.O. Box Number is Not Acceptable) 82 5221 PAUL MYER LANE PLANT CITY FL 33567 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DFLETE TITLE 11 TITLE BURRILL, JAY R. 1.2 NAME NAME **5221 PAUL MYER LANE** 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 1,4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE BURRILL, ROY R 2.2 NAME NAME 5215 PAUL MYER LANE 2.3 STREET ADDRESS STREET ADDRESS PLANT CITY_FL ... 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP indicated on this annual report or 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 14. 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

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FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 031 ***150.00

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