

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
as the Secretary
of the State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L84929**

(3)

95 MAY -1 PM 2:14

G & R LIVESTOCK HAULING, INC.

RONALD SPRINKLE
RT. 1, BOX 412
LIVE OAK FL 32060

RONALD SPRINKLE
RT. 1, BOX 412
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

2. Filing Date of this Report		2a. Month of Approval		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State of Incorporation		26. State of Approval		4. FIC Number	Applied Fee Not Applicable
22. City or County		27. City or County		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City		28. City		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. State		29. State		8. This corporation has liability for intangible tax under S. 194.04, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. County		30. County			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPRINKLE, RONALD RT. 1, BOX 412 LIVE OAK FL 32060				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State			
				FL B5. Zip Code			

11. Pursuant to the provisions of Sections 221.02(1) and 221.05(8), Florida Statutes, this 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 this Section 221.05(8), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	PTD SPRINKLE, RONALD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	RT. 1, BOX 412	2. STREET ADDRESS	
3. CITY	LIVE OAK FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	VSD SPRINKLE, GWENDOLYN	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	RT. 1, BOX 412	5. STREET ADDRESS	
6. CITY	LIVE OAK FL	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and I claim no equity for the exemption stated in Section 194.04(1), Florida Statutes. I further certify that the information submitted 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 in person before an officer or clerk of the Department of State in the presence of two other persons licensed to practice before the Department of State, and that my name and address listed on this report is kept on an official record with an affidavit.

SIGNATURE: *Gwendolyn Sprinkle* 5-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR