2003 FOR PROFIT CORPORATION

UNIFORM	BUSINESS REPORT (L	
DOCUMENT #		
1. Entity Name	INC	

Principal Place of Business 424 DAVID THOMAS LANE QUINCY FL 32352

2. Principal Place of Business

Mailing Address 424 DAVID THOMAS LANE **QUINCY FL 32352**

3. Mailing Address

Suite, Apt. #, etc

-		D	

03 DEC 31 PM 3:50

SECRETARY OF STATE



THECK HERE IF MAKING CHANGES

6	. Name	and Ac
32,3 F	1	Cour

ddress of Current Registered Agent

TRUCKIN

Country Uscler

JARDI (4

4. FEI Number

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

7. Name and Address of New Registered Agent

SANDERS, MARRY 424 DAVID THOMAS LANE QUINCY FL 32352

Street Address (P.O. Box Number is Not Acceptable)

INC

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

the obligations of registered agent.	Registered F	tgent
	of registered agent and title if applicable.	(NOTE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE COWART, HIRAM T NAME NAME STREET ADDRESS 424 DAVID THOMAS LANE STREET ADDRESS CITY-ST-ZIP QUINCY FL 32352 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE COWART, TESHAUD D NAME NAME STREET ADDRESS 424 DAVID THOMAS LANE STREET ADDRESS CITY-ST-ZIP QUINCY FL 32352 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 900026912299 01/14/04--01025--009 **15 TITLE NAME NAME **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE

12. Thereby 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 indicated on this report or supplemental 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 10 or Block 11 if chapter the production of the receiver of the production of the second or an enterphone with all other like amounted. changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

2012

TERRELL TRUCKING, INC. Mr. Hiram T. Cowart, President 715 West Hardin Street Quincy, Florida 32351\ (850) 294-3004

Florida Department of State Division of Corporation 409 East Gaines Street Tallahassee, Florida 32314

Re:

Document # PO200112481 TERRELL TRUCKING, INC.

To Whom This May Concern:

This letter is to advise the State of Florida, Division of Corporation, that the above referenced company has changed its address from 424 David Thomas Lane to 715 West Hardin Street, Ouincy, Florida 32351.

However, we never received a Notice to File our annual report, therefore by being a new business we were unaware of this procedure until we inquired to your office back in November. We apologize and we ask that you grant TERRELL TRUCKING, INCOPORATION a waiver of the required reinstatement fees. This would cause a great financial hardship on the company since no monies have been profited.

Your assistance with this matter is greatly appreciated. If you have any other concerns or questions, I can be reached at the phone number listed above.

Sincerely Yours,

Mr. Hiram T. Cowart

President, TERRELL TRUCKING, INC.

HC/db