

FOURWAY TRUCKING & SOD INSTALLATION, INC.

Doc# PO3000098240



**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90033 001 \*\*\*158.75

Principal Place of Business  
251 DEER HUNTER RD  
BUNNELL, FL 32110 US

Mailing Address  
C/O RAYNA WAY  
P O BOX 86  
BUNNELL, FL 32110

**DO NOT WRITE IN THIS SPACE**

✓66022306

20-0310386

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAY, RAYNA C  
251 DEER HUNTER RD.  
BUNNELL, FL 32110

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WAY, HARVEY L 251 DEER HUNTER RD. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAY, RAYNA C 251 DEER HUNTER RD. BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rayna C Way Raynaway VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-06  
Date

386-7931-1146  
Daytime Phone #