

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115115

1. Entity Name
A & W TRUCKING OF CLARCONA, INC.



FILED

06 OCT 26 AM 10:28

CLERK OF STATE
TALLAHASSEE, FLORIDA



09262006 REIN-P CR2E098 (11/05)

Principal Place of Business
PO BOX 710
CLARCONA, FL 32710-071 US

Mailing Address
PO BOX 710
CLARCONA, FL 32710-071 US

2. Principal Place of Business
1268 Indian Bluff Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1107
Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Clarcona, FL

Zip
32703

Zip
32710-1107

Country
USA

Country
USA

4. FEI Number
20-3336046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ANGELA
1268 INDIAN BLUFF
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: *Angela Johnson* 10/23/06
(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
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JOHNSON, ANGELA
STREET ADDRESS 1268 INDIAN BLUFF
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP ☐ Delete
NAME MELGAR, WENDY
STREET ADDRESS 1560 ROYAL OAKS DRIVE
CITY-ST-ZIP APOPKA, FL 32703

TITLE T ☐ Delete
NAME JOHNSON, BILLY W.
STREET ADDRESS 14725 GOURD NECK DRIVE
CITY-ST-ZIP MONTVERDE, FL 34756

TITLE S ☐ Delete
NAME *PP 10/30*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME PERRY, JOHNNIE
STREET ADDRESS 14725 GOURD NECK DRIVE
CITY-ST-ZIP MONTVERDE, FL 34756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Angela Johnson* 10/24/06 321-239 3999
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)