

FILED  
Mar 03, 2008 8:00 am  
Secretary of State

01-29-2008 90011 046 \*\*\*200.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000124286			
1. Entity Name R. FIELDS TRUCKING, INC			
Principal Place of Business 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208		Mailing Address 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent FIELDS, RONNIE 7601 JOHN F. KENNEDY DR. W. JACKSONVILLE, FL 32219		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: <i>Ronnie Fields</i> DATE: <i>1-24-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELDS, RONNIE 7601 JOHN F KENNEDY DRIVE JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMPTON, JOHN 7601 JOHN F. KENNEDY DR. W. JACKSONVILLE, FL 32219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, STEPHEN J 452361 OLD DIXIE HIGHWAY CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Edward Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10270 Old Gainesville Rd Jacksonville Florida 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Ronnie Fields</i> DATE: <i>1-24-08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

# ATTACHMENT

# 66002054

## NOTICE OF ELECTION TO BE EXEMPT

P05000124286

Please thoroughly read the instructions before completing this application. Print legibly in each data entry field. If this application contains incomplete or inaccurate information or if the handwriting is not legible, it may cause a delay in the issuance of your exemption.

### SECTION 1:

Applicant Name (please print): ROBERT EDWARD MOORE

Applicant's social security number or individual taxpayer ID: 261 1 71 1 2448

Applicant's E-mail address (optional): \_\_\_\_\_

### SECTION 2: I am applying for exemption as a (You must check only one box in this section):

#### CONSTRUCTION INDUSTRY (\$50 FEE REQUIRED)

☒ Officer of a Corporation (Title): Secretary -OR- ☐ Member of a Limited Liability Company (LLC)

#### NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☐ Officer of a Corporation (Title): Secretary

The Division will accept a money order, a cashier's check, or an electronic payment made payable to the DFS WC Administration Trust Fund.

An officer electing an exemption under Chapter 440, Florida Statutes is not entitled to benefits under this chapter.

**SECTION 3.** To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Florida Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations.

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### SECTION 4. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Name of Corporation or LLC: Ross Field's Trucking FEIN: 20-414422

Business Name: R Field's Trucking, Inc. AS REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS Phone: (904) 226-9049

IF APPLICABLE - LIST FICTITIOUS NAME, DOING BUSINESS AS (DBA); ALSO KNOWN AS NAME (AKA)

Business Mailing Address: 1601 John F. Kennedy Dr NW INCLUDE APARTMENT OR SUITE NUMBER

City: Jacksonville State: FL Zip: 32216 County: Duval

Scope of Business or Trade of Applicant: 1. Dump Truck 2. \_\_\_\_\_ 3. \_\_\_\_\_

**SECTION 5.** List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: Occupational License

**SECTION 6.** Does the county or municipality in which your business is located require an occupational license for your business?

☒ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

**SECTION 7.** Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies? ☐ Yes ☒ No

IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: \_\_\_\_\_ FEIN: \_\_\_\_\_

**SECTION 8.** If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for a construction industry exemption as a member of a limited liability company, the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

THIS APPLICATION IS CONTINUED ON PAGE 2

# ATTACHMENT

# 660002054  
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NOTICE OF ELECTION TO BE EXEMPT - Page 2

**SECTION 2.** You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: \_\_\_\_\_

**AFFIDAVIT OF APPLICANT:** I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

Robert Edward Moore  
TYPEPRINT NAME OF PERSON APPLYING FOR EXEMPTION

261 171 12448  
SOCIAL SECURITY NUMBER

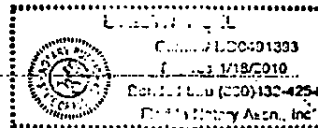
x Robert E Moore  
APPLICANT'S SIGNATURE

1-25-08  
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Devel

Sworn to and subscribed before me this 25 day of January, 2008, by \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification Driver's License  
Produced Driver's License Type of Identification



NOTARY SIGNATURE Robert E. Moore My Commission Expires \_\_\_\_\_

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.  
Suite #506  
Ft. Myers FL 33907  
Telephone (239) 278-7239

921 N. Davis St.  
Building B, Suite #250  
Jacksonville, FL 32209  
Telephone (904) 798-5806

401 NW 2nd Ave.  
Suite #321 South Tower  
Miami FL 33128  
Telephone (305) 536-0306

1111 NE 25<sup>th</sup> Ave.  
Suite #403  
Ocala FL 34470  
Telephone (352) 401-5350

400 West Robinson St.  
Room #211 North Tower  
Orlando FL 32801  
Telephone (407) 245-0896

2686 Chapman Dr.  
Panama City FL 32405  
Telephone (850) 747-5425

610 E. Burgess Road  
Pensacola, FL 32504-6320  
Telephone (850) 453-7804

499 Northwest 70<sup>th</sup> Avenue  
Suite #116  
Plantation FL 33317  
Telephone (954) 321-3143 or  
(954) 321-3160

1718 Main St.  
Suite #201  
Sarasota FL 34236  
Telephone (941) 361-6022

2012 Capital Circle SE  
Suite #102 Hartman Bldg.  
Tallahassee FL 32399-2161  
Telephone (850) 414-1237 or  
(850) 488-2717

1313 N. Tampa St.  
Suite #503  
Tampa FL 33602  
Telephone (813) 221-6506

3111 South Dixie Hwy.  
Suite #123  
West Palm Beach FL 33405  
Telephone (561) 837-5412

STATE USE ONLY
Effective/Issue Date:
Expiration Date:
Control Number:
Postmark Date:
Received Date:

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

ATTACHMENT #

66002054

POS000124286

*Evelyn Noel - Accountant*

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.  
JACKSONVILLE, FLORIDA 32208  
TELEPHONE 768-6480

January 25, 2008

Corporation Division  
P O Box 1500  
Tallahassee, Florida 32302-1500

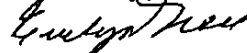
re: R Fields Trucking INC

Gentlemen:

In reference to the above mentioned Corporation, and in reference to the attached we are renewing the Corporation, changing the officer and we are including an exemption form also.

Thanking you in advance.

Sincerely,



Evelyn Noel

cc/ file