

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P08000104339

1. Entity Name
WAHA THOMAS TRUCKING, INC.



Principal Place of Business
35 FRANK JACKSON RD
QUINCY, FL 32351

Mailing Address
P.O. BOX 14413
TALLAHASSEE, FL 32317-4413

FILED

10 SEP 13 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132010 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3454848
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, HELEN A
35 FRANK JACKSON RD
QUINCY, FL 32351

**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 \$550.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, HELEN A
STREET ADDRESS	P.O. BOX 14413
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	VP
NAME	THOMAS, WILLIAM J
STREET ADDRESS	P.O. BOX 14413
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

600185345566
09/13/10--01048--005 **550.00

**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: Helen Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

9/13/2010