FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 3:32

DOCUMENT # **P92000015220 (6)**

1. Corporation Name

BUCHNER TRUCKING, INC.

Principal Place of Business	Mailing Address
RT 13. BOX 327 LAKE CITY FL 32055	~~RT 13. BOX 327~~ / LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21 (U. S. 90 west) RT 4 Box 1000
Suite, Apt. #, etc.
22
City & State: 23 Lake City, FL.
Zip: 24 32056-1925 Country: 25 U.S.A

2a. Mailing Address
26 P. O. Box 1925
Suite, Apt. #, etc.
27
City & State: 28 Lake City, Fl.
Zip: 29 32056-1925 Country: 30 U.S.A

4. FEI Number: 59-3155340 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUCHNER, BONNIE R
RT 13, BOX 327
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

91 Name: Bonnie R. Buchner
92 Street Address (P.O. Box Number is Not Acceptable): (US 90 WEST)
93: Rt#4 Box 1000
94 City: Lake City FL 95 Zip Code: 32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Type or Print Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	BUCHNER, BONNIE R	12 NAME	
STREET ADDRESS	RT 13, BOX 327	13 STREET ADDRESS	RT #4 Box 1000
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	LAKE CITY, FL 32056-1925
TITLE	DST	21 TITLE	☒ Change ☐ Addition
NAME	BUCHNER, RONALD T	22 NAME	
STREET ADDRESS	RT 13, BOX 327	23 STREET ADDRESS	Rt#4. Box 1000
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	Lake City, Fl. 32056-1925
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of Changed, or on an attachment with an address.

SIGNATURE: Bonnie R. Buchner Bonnie R. Buchner 2/20/95 (904)7529754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004231 CR