

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022258

1. Corporation Name

MIKE BANNING TRUCKING, INC.

Principal Place of Business

P.O. BOX 666
FAIRFIELD FL 32634
US

Mailing Address

P.O. BOX 666
FAIRFIELD FL 32632

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90014 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1993

4. FEI Number

59-3179621

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAXTER, HARVEY E
20 SOUTH MAIN STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

MILES C. BANNING

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

15101 NW HWY 225

83

84 City

FAIRFIELD

FL

85 Zip Code

32634

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 *Sharon Banning*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **BANNING, CARLTON MILES**
STREET ADDRESS **15101 NW HWY 225**
CITY-ST-ZIP **FAIRFIELD FL**

TITLE **V** ☐ DELETE
NAME **BANNING, SHARON**
STREET ADDRESS **15101 NW HWY 225**
CITY-ST-ZIP **FAIRFIELD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Banning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (352) 591-3609
Date Daytime Phone #

CR2F034 (11/98)