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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:05

DOCUMENT # P93000028615 (1)

1. Corporation Name
ALLEN & WILSON TRUCKING, INC.

Principal Place of Business	Mailing Address
3404 N.W. 1ST ST. OKEECHOBEE FL 34972	3404 N.W. 1ST ST. OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1993	3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0403644	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1605 S.W. Park Street	26 1605 S.W. Park Street
22 Suite 203	27 Suite 203
23 Okeechobee, Fla.	28 Okeechobee, Fl.
24 34972	29 34972
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

WILSON, DOROTHY M.
3404 N.W. 1ST STREET
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, WILLIAM O	12 NAME	
STREET ADDRESS	3404 N.W. 1ST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, HERBERT W	22 NAME	
STREET ADDRESS	3404 N.W. 1ST ST.	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, DOROTHY M	32 NAME	
STREET ADDRESS	3404 N.W. 1ST ST.	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALLEN, HAZEL L	42 NAME	
STREET ADDRESS	3404 N.W. 1ST ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	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 absolutely 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 if changed, or on an attachment with an address.

SIGNATURE: Dorothy M. Wilson Dorothy M. Wilson 1-16-95 813 467-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404155 FP