FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1996

P93000034075 (0)

BHS TRUCKING, INC.						
Principal Place of	Business	Mailing Address			1 14211451 114 12152 1111 45111 45	
AND DAING HOND		4331 BANKS ROAD MIDDLEBURG FL 320	331 BANKS ROAD MIDDLEBURG FL 32068			
					3. Date incorporated or Qualified 04/29/1993	3a. Date of Last Report 04/27/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
26					59-3178122	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			Election Campaign Financing	\$5.00 May Be
City & State		City & State			Trust Fund Contribution	Added to Fees
23	Country	28 Zip	Country		8. This corporation has liability for i	intangible tax under s. 199.032,
Zip 24	25	29	30		Florida Statutes Yes	□No
24)	9. Name and Address of Curren	_1			10. Name and Address of New R	legistered Agent
			81	Name		
HATCH	ER, H B		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
4331 B	ANKS ROAD			ļ		
MIDDLE	BURG FL 32068		83			
			84	City		FL 85 Zip Code
SIGNATURE	ignature, types or perves name of rejudine flagion OFFICERS AN	D DIRECTORS	115 Fa jistered Age		awhereuslange ADDITIONS/CHANGES TO OFF	OATE ICFRS AND DIRECTORS IN 12 Change Addition
1ITLE	HATCHER, H B 4331 BANKS ROAD		1 1 TITLE	ŀ		
NAME			1 2 NAME	3 STREET ADDRESS 4 CITY - ST - ZIP		
STREET ADDRESS						
CITY-ST-ZIP TITLE	VI				Change Addition	
NAME			2.2 NAME	2 NAME		
STREET ADDRESS	4331 BANKS ROAD		2 3 STREE	T ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068			ST-ZIP	☐ Change ☐ Addit.on	
TITLE		DELETE 3			Change Addit.on	
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		DELETE	3.4 CHY-			☐ Change ☐ Addition
TITLE			4 1 111E	- 1		
NAME				e' ADDRESS		
STREET ADDRESS			4.4 CITY			
CITY-ST-2IP TITLE		☐ DÉLETE	5 1 TITL			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			53STRE	FT ADDRESS		
C(TY-ST-ZIP			5.4 CHY			Change Addition
TOTLE		DELETE	6 1 1111	!		El ocalide El voquion
NAME			6.2 NAM			
STREET ADDRESS			6 3 \$1RE	ST ADDRESS		

6.4 Cl³ Y - ST - Zl²

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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)(k). 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 earth, 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. (904)282 22/1