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 APR 13 PM 2:31

DOCUMENT # P93000039512 (7)

1. Corporation Name
RAY MCCOY TRUCKING, INC.

Principal Place of Business
HIGHWAY 20 EAST
BRISTOL FL 32321

Mailing Address
HIGHWAY 20 EAST
BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 Rt. 1 Box 42
Suite, Apt. #, etc
27
City & State
28 Bristol, FL
Zip / Country
29 32321 / 30 Liberty

4. FEI Number: 59-3188009
☐ 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

MCCOY, RAYMOND L
HIGHWAY 20 EAST
BRISTOL FL 32321

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 (Signature, typed or printed name of registered agent and date required) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCCOY, RAYMOND L	12 NAME	
STREET ADDRESS	RT 1 BOX 42	13 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL 32321	14 CITY ST ZIP	
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	MCCOY, RAYMOND L	22 NAME	
STREET ADDRESS	RT 1, BOX 42	23 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	MCCOY, GWYNN R	32 NAME	
STREET ADDRESS	RT 1, BOX 42	33 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL	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 above, or on an attachment with an address.

SIGNATURE: Raymond L. McCoy - President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Raymond L. McCoy

Date

904-643-2561
Daytime Phone #

0400340 FP