

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

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000058351 (6)

1. Corporation Name  
HUTCHESON TRUCKING INC.



Principal Place of Business  
629 WARRENTON RD.  
WINTER PARK 32 32742  
US

Mailing Address  
629 WARRENTON RD.  
WINTER PARK 32 32782-4540  
US

3. Date Incorporated or Qualified 08/16/1993  
3a. Date of Last Report 08/07/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3171360  
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

10. Name and Address of New Registered Agent

HUTCHESON, JOHN  
986 BIG OAKS DRIVE  
OMEDO FL 32765

81 Name Hutcheson John  
82 Street Address (P.O. Box Number is Not Acceptable) 629 Warrenton Rd.  
83  
84 City Winter Park FL FL 85 Zip Code 32782

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS      |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |   |
|---------------------------------|-------------------|---|---|
| TITLE                           | NAME              | 1.1 TITLE   | 1.2 NAME  |
| <input type="checkbox"/> DELETE | D HUTCHESON, JOHN | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
|                                 | 986 BIG OAKS DR.  | 1.3 STREET ADDRESS  |   |
|                                 | OMEDO FL 32765    | 1.4 CITY - ST - ZIP   |   |
| <input type="checkbox"/> DELETE | D HUTCHESON, MARY | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                 | 986 BIG OAKS DR.  | 2.2 NAME  |   |
|                                 | OMEDO FL 32765    | 2.3 STREET ADDRESS  |   |
|                                 |                   | 2.4 CITY - ST - ZIP   |   |
| <input type="checkbox"/> DELETE |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                 |                   | 3.2 NAME  |   |
|                                 |                   | 3.3 STREET ADDRESS  |   |
|                                 |                   | 3.4 CITY - ST - ZIP   |   |
| <input type="checkbox"/> DELETE |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                 |                   | 4.2 NAME  |   |
|                                 |                   | 4.3 STREET ADDRESS  |   |
|                                 |                   | 4.4 CITY - ST - ZIP   |   |
| <input type="checkbox"/> DELETE |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                 |                   | 5.2 NAME  |   |
|                                 |                   | 5.3 STREET ADDRESS  |   |
|                                 |                   | 5.4 CITY - ST - ZIP   |   |
| <input type="checkbox"/> DELETE |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                 |                   | 6.2 NAME  |   |
|                                 |                   | 6.3 STREET ADDRESS  |   |
|                                 |                   | 6.4 CITY - ST - ZIP   |   |

14. I do 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.

SIGNATURE: *John B. Hutcheson* 1/12/97 407-851-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CP2E034 (9/96)