2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 03, 2008 08:00 All Secretary of State DOCUMENT # P93000059691 1. Entity Name A.M.C. TRUCKING, INC. Principal Place of Business Mailing Address 7709 PARK BYRD RD 7709 PARK BYRD RD LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3198012 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COTHRON, DORIS D._ Street Address (P.O. Box Number is Not Acceptable) 7709 PARK BYRD RD LAKELAND FL 33810 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or premed dama; of registered orient and time I applicable (NOTE: Registrated Approximations required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Change Addition TITLE Delete TITLE COTHRON, DORIS D. NAME NAME STREET ADDRESS STREET ADDRESS 7709 PARK BYRD RD CiTY-ST-7IP LAKELAND FL 33810 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Derete TITLE 11000000878541 NAME NAME 04/14/08-80058-016 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE De'ete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Darete ☐ Change TITLE ■ Addition TITLE HAM: NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZP Deiete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI- ZIP ☐ Addition TITLE Deiete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11

OFFICER OR DIRECTOR

863-665-6060

il other like empowered.

if changed, o

SIGNATURE

rment with

ddress, wit