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

CORPORATION ANNUAL REPORT



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

1996	DIVIS	DIVISION OF	
DOCUMENT #	P93000064537	1 (2	

1. Corporation	Name CHERRY TRUCKING, INC.	•	•		
nati	onenni inooning, ino.				
Principal Place	of Business	Mailing Address	,	1 HODRIDGE ING FORDU SIELL DERIK OD	
125 ELENA D WOODVILLE		P O BOX 1006 WOODVILLE FL 32362			
				<ol> <li>Date Incorporated or Qualified</li> <li>09/16/1993</li> </ol>	04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26	•	4. FEI Number 59-3206068	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<b>.,</b>		Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability fo	r intangible tax under s 199.032,
24	25	29	30	Florida Statutes Ye  10. Name and Address of New	S No
	9. Name and Address of Currer	it negistered Agent	81 Name	TU. Harrie and Address of New	Hediorolog Viole
CHERRY	, LUCY A		62 Street Addr	ress (P.O. Box Number is Not Accepta	able)
125 ELE	NA DR		83		
TALLAH	assee fl fl		0.0		
			84 City		FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authorize	ed by the gorporation's boa	ration submits this statement for the p ird of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE:	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change   Addition
TITLE	A CHEDDA DIGHTOND D	☐ DELETE	1.1 TITLE		Citange Nation
NAME STORES ASSOCIACE	CHERRY, RICHMOND D 125 ELENA DRIVE		1.2 NAME 1.3 STREET ADDRESS		
STAFE! ADDRESS CIT - ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY-ST-ZIP		
TITLE	P	DELETE	2.1 T(TLE		Change Addition
NAME	CHERRY, LUCY A	_	2 2 NAME		
STREET ADDRESS	125 ELENA DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		24 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME.			32 NÁME		
STREET ADDRESS			3.3 STREET ADDRESS		
C(1Y-SI-ZIP		FINE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME	8000018	01520
STREET ADDRESS			4.3 STREET ADDRESS	0000018 -04/30/9601	072019
CITY-ST-7/P		[ ] DELETE	4.4 C/TY - ST - Z/P	***200.00	Change Addition
TITLE			5 1 TITLE		El charge El Spatton
NAME AUXES ADDRESS			5.2 NAME 5.3 STREET ADDRESS		-a(a)
STREET ADDRESS					12079
CITY-ST-ZIP		☐ DELETE	5.4 CTY-ST-ZIP 6.1 TITLE		Chaper: Addition
TITLE		- Dittell	6.2 NAME		10
NAME CINCCI ADDRESS			63 STREET ADDRESS		]1
STREET ADDRESS			64 C(TY-ST-ZIP		
CITY-SI-ZIP			0.10111 21.511		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 904 421-7807

CR2E034 (12/95)