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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000017769 (8)**

1. Corporate Name
JOE RAMEY TRUCK & TRAILER SERVICE, INC.

Principal Place of Business	Mailing Address
8230 MCCARTY LANE PENSACOLA FL 32534	8230 MCCARTY LANE PENSACOLA FL 32534-1807

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/02/1994	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3227150	☐ 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

RAMEY, JOSEPH W
8230-A MCCARTY LANE
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: RAMEY, JOSEPH W		1.2 NAME	
STREET ADDRESS: 8230A MACCARTY LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL 32534		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: RAMEY, JAMES		2.2 NAME	
STREET ADDRESS: 8230B MCCARTY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL 32534		2.4 CITY-ST-ZIP	
TITLE: D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: RAMEY, DAVID		3.2 NAME	
STREET ADDRESS: 5900 W 9 MILE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL 32526		3.4 CITY-ST-ZIP	
TITLE: D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: POOLEY, ALBERT R		4.2 NAME	
STREET ADDRESS: 8230C MCCARTY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL 32534		4.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME: SIZEMORE, E P		5.2 NAME	
STREET ADDRESS: 1736 E. BURGESS ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL 34504		5.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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: Joseph W. Ramey 3-17-97 904 477-7778

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487145