

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023012 (5)

1. Corporation Name

HARGIS TRUCKING, INC.

Principal Place of Business

758 W HWY 50
MARGATE FL 34753
Mascotte

Mailing Address

758 W HWY 50 P.O. Box 1215
MARGATE FL 34753 Mascotte, FL 34753

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 758 W. Hwy 50

2a. Mailing Address

25 P.O. Box 1215

4. FEI Number

59-3250285

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Mascotte, FL

City & State

28 Mascotte, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

24 34753

Zip Country

29 34753

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARGIS, JAMES S
5008 EMPIRE CHURCH ROAD
GROVELAND FL 34738-1215

10. Name and Address of New Registered Agent

81 Name

James S. Hargis

82 Street Address

1121 Bay Lake Loop

83

84 City

Groveland, FL

FL

85 Zip Code

34753

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

James S. Hargis

James S. Hargis Pres.

4-18-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARGIS, JAMES S.
STREET ADDRESS 5008 EMPIRE CHURCH ROAD
CITY - ST - ZIP GROVELAND FL 34738-1215

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE President ☒ Change ☐ Addition
2. NAME James S. Hargis
3. STREET ADDRESS 1121 Bay Lake Loop
4. CITY - ST - ZIP Groveland, FL 34736

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

2. NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James S. Hargis

4-18-95 904-429-2754

(Signature, typed or printed name of officer or director)

Date

Telephone Number