

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071959 1. Corporation Name

PHILLIP PRITCHETT TRUCKING INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90019 044 ***150.00

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Principal P ac	e of Business	Mailing Address								1911 99111 91	116 1 30 613 30 11	 	J184 B31	10 1414 FMM1				
1050 SE 6TH ST 1050 SE 6TH ST LAKE BUTLER FL 32054 LAKE BUTLER FL 32054										DΟ	NOT WR	ITE IN THI	S SPACE					
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			- 1 - 14:07:00						09/30/						ed For Applicable ditional irred ay Be Fees No			
2. Principa Place of Business			2a. Mailing Address						4. FEI Nun									
21			26 Suita Apt # ata						59-293	36134			\$8.7					
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certifc a	te of Status (Desired		•	Recu				
City & State			City & State							Campaign F	-		•		ay Be			
Zip Cour try			Zip Country						Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible									
Zip 24	25	ır y	29		30	ariu y			1	poration owe il Property Ta		rent year	Yes]No			
	9. Name and Add	ress of Currer	t Registered Ag	ent		Ι.,			10. Name a	nd Address	of New	Registere	d Agent					
		<u>-</u>				81	Name											
	FORD, FRANK M					82	Street	Ac dre	ss (P.O. Box	Number is N	ot Accept	able)						
34 N MARION ST LAKE CITY FL 32056						83												
						84	City						. 85 Z	ip Co				
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office or r	to the provisions of Sε egistered agent, or bo im familiar with, and ac	h in the State	of Florida, Such i	change was a	uthorize	d bv	the corpo	ora tion	ration submits n's board of ci	this stateme rectors. I her	ent for the eby acce	purpose pt the app	of changing ointment as	its re regis	gistered stered			
SIGNATURE																		
	Signature, typed or printed na-			(NOT			t signature r	required	when reinstating)	NOCHANCE	: TO O	DATE	ND DIREC	`TOE	S IN 12			
12.		UFFICERS AN	IL DIRECTORS	☐ DELETÉ	13.			Υ	ADDITIO	NS/CITANGE	3 10 01	TICENS /	Chan					
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NAME	PRITCHETT, PHILL	.1P VV					ADDRESS											
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14. I hereby certify that the information supplied with this filling 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 of make 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, with all other like empowered.

SIGNATURE: