

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079324 (7)

1. Corporation Name

PIGEON TRUCKING, INC.



Principal Place of Business

Mailing Address

512 WEST ADAMS STREET  
JACKSONVILLE FL 32202

512 WEST ADAMS STREET  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3277504

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

10. Name and Address of New Registered Agent

BROWN, SUSAN F  
512 WEST ADAMS STREET  
JACKSONVILLE FL 32202

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

Signature of person named as registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, TIMOTHY D	
STREET ADDRESS	2768 COFFEY DRIVE	
CITY - ST - ZIP	VALDOSTA GA 31601	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HULL, DOUGLAS W	
STREET ADDRESS	POST OFFICE BOX 61603	
CITY - ST - ZIP	JACKSONVILLE FL 32236	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, TIMOTHY D	
STREET ADDRESS	2768 COFFEY DRIVE	
CITY - ST - ZIP	VALDOSTA GA 31601	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HULL, DOUGLAS W	
STREET ADDRESS	POST OFFICE BOX 61603	
CITY - ST - ZIP	JACKSONVILLE FL 32236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2768 Coffey Drive
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Johnson, Timothy D
2.3 STREET ADDRESS	2768 Coffey Drive
2.4 CITY - ST - ZIP	Valdosta, GA 31601
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2768 Coffey Drive
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Timothy D
4.3 STREET ADDRESS	2768 Coffey Drive
4.4 CITY - ST - ZIP	Valdosta, GA 31601
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy D Johnson  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26 1996

Date

Daytime Phone #

CR2E034 (12/95)