

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90258 025 \*\*\*150.00

DOCUMENT # P94000089725

1. Corporation Name  
OUTRIDER TRUCKING, INC.

Principal Place of Business  
1259 BAYSHORE ROAD  
GULF BREEZE FL 32561

Mailing Address  
1259 BAYSHORE ROAD  
GULF BREEZE FL 32561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

59-3253710

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EWING, RAYMOND M  
1821 N. PACE BLVD.  
PENSACOLA FL 32505

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

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 ☐ DELETE

NAME Ewing, NORMA H  
STREET ADDRESS 1259 BAYSHORE ROAD  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE STD ☐ DELETE

NAME Ewing, MICHAEL R  
STREET ADDRESS 1259 BAYSHORE ROAD  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C.E.O./Pres./Director ☒ Change ☐ Addition

1.2 NAME Ewing, Norma H.  
1.3 STREET ADDRESS 1259 Bayshore Road  
1.4 CITY-ST-ZIP Gulf Breeze, FL 32561-2509

2.1 TITLE V.P./Sec./Treas./Dir. ☒ Change ☐ Addition

2.2 NAME Ewing, Michael R.  
2.3 STREET ADDRESS 1259 Bayshore Road  
2.4 CITY-ST-ZIP Gulf Breeze, FL 32561-2509

3.1 TITLE Dir. ☐ Change ☒ Addition

3.2 NAME Ewing, Clay  
3.3 STREET ADDRESS 1259 Bayshore Road  
3.4 CITY-ST-ZIP Gulf Breeze, FL 32561-2509

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Norma H. Ewing* NORMA H. EWING, C.E.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99-850 932-7661

CR2E034 (1/98)

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