

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000005441 (7)

1. Corporation Name
BULLSHIPPERS, INC.



Principal Place of Business
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

Mailing Address
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1389 Lisa Drive
Suite, Apt. #, etc.
22
City & State
23 Wauchula FL
Zip Country
24 33873 25 USA

2a. Mailing Address
26 P.O. Box 715
Suite, Apt. #, etc.
27
City & State
28 Wauchula FL
Zip Country
29 33873 30 USA

3. Date Incorporated or Qualified 01/18/1995
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0555339
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCOLLUM & JOHNSON, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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	D	<input type="checkbox"/> DELETE
NAME	HOOTEN, TOMMY W	
STREET ADDRESS	36 LISA DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOTEN, LENORA M	
STREET ADDRESS	36 LISA DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hooten, Tommy W.	
1.3 STREET ADDRESS	1389 Lisa Drive	
1.4 CITY-ST-ZIP	Wauchula FL 33873	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hooten, Lenora M.	
2.3 STREET ADDRESS	1389 Lisa Drive	
2.4 CITY-ST-ZIP	Wauchula, FL 33873	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 7 SIGNATURE RE-REGISTERED 1) H. T. 8/12/97 941-773-1763

CR2E034 (4/97)