

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000011994 (7)

1. Corporation Name

EUBANKS & SONS TRUCKING, INC.

Principal Place of Business

RT. 2, BOX 607  
INTERLACHEN FL 32148

Mailing Address

RT. 2, BOX 607  
INTERLACHEN FL 32148



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/13/1995

3a. Date of Last Report

4-25-96

4. FEI Number

59-3300095

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

10. Name and Address of New Registered Agent

EUBANKS, SAMUEL

RT. 2, BOX 607

INTERLACHEN FL 32148

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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME EUBANKS, SAMUEL  
STREET ADDRESS RT. 2, BOX 607  
CITY-ST-ZIP INTERLACHEN FL 32148

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EUBANKS, EVELYN L  
STREET ADDRESS RT. 2, BOX 607  
CITY-ST-ZIP INTERLACHEN FL 32148

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EUBANKS, CLEVELAND  
STREET ADDRESS RT. 2, BOX 607  
CITY-ST-ZIP INTERLACHEN FL 32148

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EUBANKS, SAMUEL R  
STREET ADDRESS RT. 2, BOX 607  
CITY-ST-ZIP INTERLACHEN FL 32148

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EUBANKS, CHARLES P  
STREET ADDRESS RT. 2, BOX 607  
CITY-ST-ZIP INTERLACHEN FL 32148

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

400001838084  
-05/24/96--01027--012

\*\*\*200.00

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:

*Samuel Eubanks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96  
Date

904-684-6060  
Daytime Phone #

CR2E034 (12/95)