

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90021 019 ***150.00

DOCUMENT # P95000015492

1. Entity Name

TDT LOGISTICS, INC.



Principal Place of Business

RT 10, BOX 319
LAKE CITY FL 32025
US

Mailing Address

RT 10, BOX 319
LAKE CITY FL 32025
US

2. Principal Place of Business

4458 S. US Highway 441

Suite, Apt. #, etc.

3. Mailing Address

4458 S. US Highway 441

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Lake City, Fl 32025

Zip

Country

City & State

Lake City, Fl 32025

Zip

Country

4. FEI Number

59-3306356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKS, TERRY N
RT 10, BOX 319
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

452 SW County Road 240

City

Lake City, Fl

FL

Zip Code

32025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DICKS, N T
STREET ADDRESS RT 10 BOX 319
CITY-ST-ZIP LAKE CITY FL

TITLE VP ☐ Delete
NAME DICKS, CLINTON
STREET ADDRESS RT 10, BOX 319
CITY-ST-ZIP LAKE CITY FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 452 SW County Road 240
CITY-ST-ZIP Lake City, Fl 32025

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10385 S. US Highway 441
CITY-ST-ZIP Lake City, Fl 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clinton Dicks V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

386-752-1093

Daytime Phone #