

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 01, 1999 8:00 am  
Secretary of State

05-01-1999 90023 045 \*\*\*150.00

DOCUMENT # P95000058437

1. Corporation Name  
HENRY JR. TRUCKING INC.

Principal Place of Business

9509 HWY 92 E  
TAMPA FL 33610

Mailing Address

PO BOX 1833  
RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

59-3329293

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHITLOCK JR., HENRY C  
9509 HWY 92 E  
TAMPA FL 33610

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 ☐ DELETE

NAME WHITLOCK, JR., HENRY C  
STREET ADDRESS 219 FAITHWAY DR  
CITY-ST-ZIP SEFFNER FL 33584

TITLE TS ☐ DELETE

NAME HALLOCK, TINA M  
STREET ADDRESS 219 FAITHWAY DR  
CITY-ST-ZIP SEFFNER FL 33584-5705

TITLE MD ☐ DELETE

NAME WHITLOCK, KENNETH D.  
STREET ADDRESS 219 FAITHWAY DR  
CITY-ST-ZIP SEFFNER FL 33584

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 D ☒ Change ☐ Addition

1.2 NAME Whitlock, Jr., Henry C  
1.3 STREET ADDRESS 3261 Bloomingdale Villas CT.  
1.4 CITY-ST-ZIP Brandon, FL. 33511

2.1 TITLE TS ☒ Change ☐ Addition

2.2 NAME Hallock, Tina M.  
2.3 STREET ADDRESS 3261 Bloomingdale Villas CT.  
2.4 CITY-ST-ZIP Brandon, FL. 33511

3.1 TITLE MD ☒ Change ☐ Addition

3.2 NAME Whitlock Kenneth D.  
3.3 STREET ADDRESS 3261 Bloomingdale Villas CT.  
3.4 CITY-ST-ZIP Brandon, FL. 33511

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: Tina M. Hallock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

813-681-6733

Daytime Phone #

CR2E034 (11/98)

0381982