

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000063496 (0)

1. Corporation Name

DILLON'S TRUCKING, INC.



Principal Place of Business

19627 SW HAWTHRONE ROAD  
HAWTHRONE FL 32640-0821

Mailing Address

19627 SW HAWTHRONE ROAD  
HAWTHRONE FL 32640-0821

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 19627 SE Hawthorne Rd.

2a. Mailing Address

26 P.O. Box 1180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3334004

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLON, MATTHEW R  
19627 SW HAWTHRONE ROAD  
HAWTHRONE FL 32640-0821

81 Name

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

19627 SE Hawthorne Rd

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84 City

Hawthorne

FL

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Zip Code  
32640

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME DILLON, MATTHEW R  
STREET ADDRESS 19627 SW HAWTHRONE ROAD  
CITY-ST-ZIP HAWTHRONE FL 32640-0821

TITLE D ☐ DELETE  
NAME DILLON, SONYA R  
STREET ADDRESS 19627 SW HAWTHRONE ROAD  
CITY-ST-ZIP HAWTHRONE FL 32640-0821

TITLE VP ☐ DELETE  
NAME RAMEY, GOLDEN W JR  
STREET ADDRESS 19627 SW HAWTHRONE ROAD  
CITY-ST-ZIP HAWTHRONE FL 32640

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 821  
Hawthorne FL 32640-0821

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 821  
Hawthorne FL 32640-0821

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P.O. Box 881  
Interlachen FL 32148

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 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:

Sonya R. Dillon / Sonya R. Dillon

4/24/96

(352) 481-4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)