

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90004 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063496

1. Corporation Name
DILLON'S TRUCKING, INC.

Principal Place of Business Mailing Address

1050 S.E. 6TH STREET P.O. BOX 311
LAKE BUTLER FL 32054 LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
08/15/1995

4. FEI Number
59-3334604 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Addition: 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

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--------------------------------------------|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | DILLON, MATTHEW R | |
| STREET ADDRESS | P.O. BOX 821 N/A | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DILLON, SONYA R | |
| STREET ADDRESS | P.O. BOX 821 N/A | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | RAMEY, GOLDEN W JR | |
| STREET ADDRESS | P.O. BOX 821 N/A | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| 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

| | | |
|--------------------|-----------------------|-------------------------------------------------------------------------|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| 1.2 NAME | Jon W. Pritchett | |
| 1.3 STREET ADDRESS | P.O. Box 311 | |
| 1.4 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| 2.1 TITLE | CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| 2.2 NAME | Marvin H. Pritchett | |
| 2.3 STREET ADDRESS | P.O. Box 311 | |
| 2.4 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| 3.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| 3.2 NAME | Phillip W. Pritchett | |
| 3.3 STREET ADDRESS | Lake Butler, FL 32054 | |
| 3.4 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| 4.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| 4.2 NAME | Robin P. Wilson | |
| 4.3 STREET ADDRESS | P.O. Box 311 | |
| 4.4 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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: *[Signature]* 4/28/99 (904) 496-2630