

4-28-1999 8:37AM

FROM PORTNOY OR MANN * CO 904 764

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-21-1999 90004 030 ***150.00

DOCUMENT # **P95000063496**

1. Corporation Name

DILLON'S TRUCKING, INC.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1995

4. FEI Number

59-3334604

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Addition:
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

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		

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	
3.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(904) 496-2630