SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000083316 (6)

## HAGAN & SON TRUCKING, INC.

Mailing Address Principal Place of Business P.O. BOX 41 P.O. BOX 41

	GLEN ST. MARY FL 32040		3. Date Incorporated or Qualified 3a. Date of Last Report
			10/16/1995
2. Principal Place of Business	2a. Mailing Address		4 FEI Number Applied For
21	26		59-3350/Y/ Not Applice
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
··	27		6. Certificate of Status Desired Fee Required
22 City & State	City & State		6. Election Campaign Financing 55.00 May Be
· <del>-</del> 1	28		Trust Fund Contribution Added to Fees
23   Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032
24 25	29	30	Florida Statutes Yes No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
		B1 Name	
HAGAN, CECIL R		62 Street	Address (P.O. Box Number is Not Acceptable)
- 1634 BLANDING BLVD		bz Street	Address (C.O. Box (Admost is 140) Acceptable)
JACKSONVILLE FL 32210		83	
•		<b>B4</b> City	65 Zip Code
11. Pursuant to the provisions of Sections 607.05	302 and 607.1508, Florida Statutes	s, the above-named of thorized by the coro	corporation's submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent I am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
SIGNATURE			
Signature, typed or printed name of registered a	Manage and the second s	Registered Agent signature	regulted when reinsleting) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS A	ND DIRECTORS	13.	
TITLE D	DELETE	1,1 TOLE	PRESIDENT LANGE Add
HAGAN, CECIL R		1.2 NAME	CECIL R. HAYAN, SR.
STREET ADDRESS P.O. BOX 41		1.3 STREET ADDRESS	GEN ST. DIANG, FLA 32040
CHY-ST-ZIP GLEN ST. MARY FL 32040		1.4 CITY - ST - ZIP	GIEN ST. PIFRY, PUR SCOTT
TILE	DELETE	2.1 TITLE	VICE PRESIDENT Change L'Ado
NAME		2.2 NAME	CECIL R. HAMAN, JR.
		2.3 STREET ADDRESS	MO BOX UI
STREET ADDRESS		2.4 CITY - ST-ZIP	CLEN ST. MANY FLA 32040
CITY-S1-ZIP	DELETE	3.1 TITLE	SECRETAVIY Change LA
TITLE	<b>L</b> J	3.2 NAME	DONNA FI HARAIN
NAM?		33 STREET ADDRESS	D.O. Box 41
STREET ADDRESS			QUENT CT NONE FIA 32010
CITY - ST - ZIP	DELETE	34 CITY-ST-ZIP	Change Ado
TITLE	DELETE	4.1 TITLE	
NAME		4. 2 NAME	
SIRCET ADORESS		4.3 STREET ADDRESS	
CITY- ST-ZIP		4.4 City - St - ZIP	5h 1 4.1
TITLE	DELETE	5.1 TITLE	Must Change Ad
NAME∢		5.2 NAME	9-13-96
STREEL ACORESS		5.3 STREET ADDRESS	7-1/2-91
CHY-SI-ZIP		5.4 CITY - ST - ZIP	
GRITIALIAN I	DELETE	6.1 TITLE	Change Ad
AS A SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT AS A SECTION AS			I STATE TO SEE THE REST OF THE SEE THE SECOND SECON
me	L.,,j PELLY	62 NAME	anniñiraí sirsió."
TITUE NAME	L.J Peters	6.2 NAME	-10/15/9601227006
THE	L. Ditte	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	800001975458 -10/15/9601227006 ****225.00 ****225.00

t do noreby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(K). Fiorida Statutes. If 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: