

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000083316 (6)

1. Corporation Name

HAGAN & SON TRUCKING, INC.

Principal Place of Business

P.O. BOX 41
GLEN ST. MARY FL 32040

Mailing Address

P.O. BOX 41
GLEN ST. MARY FL 32040-0041



3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

09/04/1996

2. Principal Place of Business

21 FLORIDA

Suite, Apt. #, etc.

22 P.O. BOX 41

City & State

23 GLEN ST. MARY, FLA

Zip

24 32040

Country

25 U.S.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3350141

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

9. Name and Address of Current Registered Agent

HAGAN, CECIL R
1634 BLANDING BLVD
JACKSONVILLE FL 32210

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 required for principal officer and director and for registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P HAGAN, SR, CECIL R

NAME

P.O. BOX 41

STREET ADDRESS

GLEN ST. MARY FL 32040

CITY- ST- ZIP

TITLE

V HAGAN, JR, CECIL R

NAME

P O BOX 41

STREET ADDRESS

GLEN ST. MARY FL 32040

CITY- ST- ZIP

TITLE

S HAGAN, DONNA F

NAME

P O BOX 41

STREET ADDRESS

GLEN ST. MARY FL 32040

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

GLEN ST. MARY FL 32040

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P HAGAN, SR, CECIL R

NAME

P.O. BOX 41

STREET ADDRESS

GLEN ST. MARY, FL 32040 N/A

CITY- ST- ZIP

2.1 TITLE

V HAGAN, JR, CECIL R

NAME

P O BOX 41

STREET ADDRESS

GLEN ST MARY FL 32040 N/A

CITY- ST- ZIP

3.1 TITLE

S HAGAN, DONNA F

NAME

P.O. BOX 41

STREET ADDRESS

GLEN ST. MARY, FL 32040 N/A

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE:

Donna F. Hagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

904-259-2758

Daytime Phone

0019957

CR2E034 (9/96)