

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 # P96000001221 (6)

1. Corporation Name

ROBIN PRITCHETT TRUCKING, INC.



Principal Place of Business

185 NW 4TH AVENUE
LAKE BUTLER FL 32054

Mailing Address

185 NW 4TH AVENUE
LAKE BUTLER FL 32054

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3351237

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

GAFFORD, FRANK M
228 EAST DUVAL STREET
LAKE CITY FL 32055

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 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE ☐ Change ☒ Addition
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY - ST - ZIP
D
Robin P. Wilson
1050 SE 6th Street
Lake Butler, FL 32054

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Robin P. Wilson Robin P. Wilson 4/25/96 (904) 496-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)