

P960000015684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

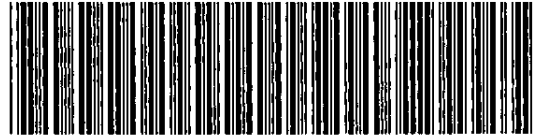
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
12 JUN -4 PM 1:57

R A/chg  
@ 6/4/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** T. Wayne Hill Trucking, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P96000015684

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Douglas Hill**

Name of Contact Person

**T. Wayne Hill Trucking, Inc**

Firm/Company

**595 W Summerlin Street**

Address

**Bartow, FL 33830**

City/State and Zip Code

**twtruckinc@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Douglas Hill**

Name of Contact Person

at **863 519-6677**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2002 JUN -4 AM 8:12  
NOT RECORDED  
TO BE RECORDED  
SUFFICIENCY OF FILING  
C045 (03/12)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2012

DOUGLAS W. HILL  
T. WAYNE HILL TRUCKING, INC.  
595 W. SUMMERLIN ST.  
BARTOW, FL 33830

SUBJECT: T. WAYNE HILL TRUCKING, INC.  
Ref. Number: P96000015684

We have received your document for T. WAYNE HILL TRUCKING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 012A00009453

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: T. Wayne Hill Trucking, Inc  
2. The principal office address: 595 W Summerlin Street  
Bartow, FL 33830  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/20/1996 Document number: P96000015684

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nancy F Hill

595 W Summerlin Street

Bartow, FL 33830

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Douglas W Hill

595 W Summerlin Street

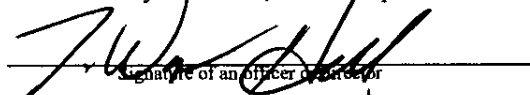
P.O. Box NOT acceptable

Bartow, FL 33830

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN -4 PM 1:51

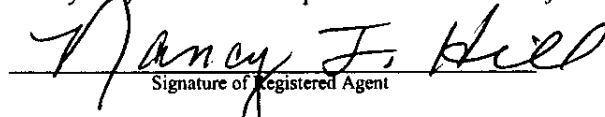
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

T. WAYNE HILL PRES.  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

6-1-2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)