

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90197 023 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000024271

1. Entity Name  
BEVILL TRUCKING COMPANY, INC.

Principal Place of Business  
860 HARLEY RD  
NEW SMYRNA BEACH FL 32168

Mailing Address  
860 HARLEY RD  
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
685-B Georgia Avenue  
Suite, Apt. #, etc.

City & State  
Longwood, Florida

Zip  
32750

Country  
USA

4. FEI Number  
59-3363983

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DELUDE, EDWARD G  
103 E LAUREN CT  
FERN PARK FL 32730

7. Name and Address of New Registered Agent  
Name  
Rosa DeVore  
Street Address (P.O. Box Number is Not Acceptable)  
685-B Georgia Avenue  
City  
Longwood, FL  
Zip Code  
32750

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)

4/27/01  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa DeVore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
Date

(407) 830-0297  
Daytime Phone #