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Apr 18 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 # P97000001107 (6)

1. Corporation Name

BLC TRUCKING COMPANY, INC.



Principal Place of Business

Mailing Address

2045 W. MEMORIAL BLVD., UNIT 2, BOX 4
LAKELAND FL 33815

2045 W. MEMORIAL BLVD., UNIT 2, BOX 4
LAKELAND FL 33815-1111

2. Principal Place of Business

21 2045 W. Memorial Blvd.

Suite, Apt. #, etc.

22 #2 Box 4

City & State

23 Lakeland FL.

Zip

24 33815

Country

25 Polk

2a. Mailing Address

26 2045 W. Memorial Blvd.

Suite, Apt. #, etc.

27 #2 Box 4

City & State

28 Lakeland, FL.

Zip

29 33815

Country

30 Polk

9. Name and Address of Current Registered Agent

WETHERINGTON, R. WADE
111 E. MADISON STREET, STE. 2625
TAMPA FL 33602

3. Date Incorporated or Qualified

12/30/1996

3a. Date of Last Report

4. FEI Number

59-3419820

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

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

Robert L. Copas

Signature, typed or printed name of registered agent and state if applicable

Bobie Lee Combs

3/28/97

(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COPAS, 2045 W. MEMOR
STREET ADDRESS 2045 W. MEMORIAL BLVD., UNIT 2, BOX 4
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 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 if changed, or on an attachment with an address.

SIGNATURE:

Bobie Lee Combs

1-800-789-1577

4-9-97

CR2E034 (9/96)