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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Addition

Addition

Change

Change

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000014495 (0) DOCUMENT

GRANTHAM TRUCKING,	INC.	-			(I TERHADA MAN MAN MAN ARM ARM BAN BAN MAN	010): D30:0 (9)0) A)() (00)
Principal Place of Business	Mailing A					
205 SW 4TH STREET		TH STREET				
JASPER FL 32052	JASPER (FL 32052			DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualified	
					02/11/1997	
2. Principal Place of Business 2s. Mailing A		g Address		-	4, FEI Number	Applied For
1	26	26			59-3430901_	Not Applicable
Suite, Apt. #, etc	Suite,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2	27				e, commence of dispuse position	Fee Required
City & State	— <u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be
3	28		0	 	Trust Fund Contribution	Added to Fees
Zip Countr	′ <u>├</u> च्च ⁻ ′	<u> </u>	Country	•	8. This corporation owes or has paid the curr	ent year Intangible Yes 🔀 No
4 25 25 A Name and Addre	29 ess of Current Registered A		30		Personal Property Tax due June 30.	
FOLSOM, LYNDA	as or ourient negretered A	Agus	81	Name	10. Isame Biro Addiese or Isaa Negistored A	yent
548 CHANBRIDGES RO	AD		1			
JASPER FL 32052	· 		62	Street Add	dress (P.O. Box Number is Not Acceptable)	
			83	<u> </u>		
				0		11
			84	City	FI	85 Zip Code
SIGNATURE					poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its registered intment as registered
	e of registered agent and title if applicat	ble (NOTE		ent signature requ	pired when reinstating) DATE	
12. OFFICERS AND DIRECTORS		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME GRANTHAM, DOY	1F I	L beleve	1.2 NAME			
STREET ADDRESS POST OFFICE BOX 207			1.3 STREET	1000000		
CITY-ST-ZIP JASPER FL 32052						
TITLE DELETE			1.4 CITY-ST-ZIP			Change Additio
NAME		order	2.7 MAME	ì	·	
STREET ADDRESS			2.2 NOME	ADDRESS		
CITY-ST-ZIP			2.4 CITY-]	4 S	
TITLE		DELETE	3.1 TITLE	51-411		Change Additio
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE	71_617		Change Additio
NAME		_			•	_ • _ · ·
- · · · -			4, 2 NAME	l		
STREET ADDRESS			4.2 NAME 4.3 STREET	ADDRESS		

14. Thereby 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 supplimental arrival 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE