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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000064438**1. Corporation Name

REDRICK TRUCKING, INC.

				±					
Principal Place	of Business	Mailing Address							
920 N LECANTO) HWY	PO BOX 202		•		-			,
LECANTO FL 34461		LECANTO FL 34460				DO NOT WRITE IN THIS	SPACE		
US		US		-		3. Date Incorporated or Qualifed	OI AGE		
						07/23/1997			
	of Dunings	2a. Mailing Address				4. FEI Number		Applied F	For
— ·	ace of Business	⊢				59-3492470	H	Not Appl	
21	# ata	Suite. Apt. #, etc.				39 3492410	\$8.7	5 Additio	
Suite, Apt. i	y, etc	27	•		. =	5: Certificate of Status Desired		Required	
City & State	·	City & State	_			6. Election Campaign Financing	\$5.0	00 May 8	30 -
23	•	28				Trust Fund Contribution		ed to Fee	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Into	ngible		
24	25		30			Personal Property Tax.	Yes	⊠ No	1
	9. Name and Address of Curren		<u> </u>			10. Name and Address of New Registered	Agent		
				81	Name				
TITUS	S, CLAIRE A		- 1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	- 11		
4 NE	THIRD STREET			82	Street Addre	iss (F.O. Box realines) is real recompanies			
CRYS	STAL RIVER FL 34429	•	ľ	83					~~
			ļ				log i	Zip Code	
	•		i	84	City	FL	85 2	nb (code.	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-	named corpo	pration submits this statement for the purpose of	changing	its regist	ered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was at	uthonzed	by tr	he corporation	n's board of directors. I hereby accept the appoin	ntment a	s registere	3a /
	mammar with, and accept the obliga	tions of Dection out.cood, Flor	inda Otala						15
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered /	Agent :	signature required	when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PTD	☐ DELETE	1,1 TITI	LE			Char	ge ∐.	Addition
NAME '	REDRICK, MARY P								
STREET ADDRESS	920 N LECANTO NWY		1.2 NA	ME					
CITY-ST-ZIP					ADDRESS				
	LECANTO FL 34460-0202			REETA					
TITLE	VSD SECOND VSD	DELETE	1.3 STF	REET A			Char	ge 📋	Addition
TITLE NAME		☐ DELETE	1.3 STF 1.4 CIT	REET A Y-ST- LE			Char	ige 📋	Addition
	VSD	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	REET A TY-ST- LE ME			Char	ige 🗀	Addition
NAME	VSD REDRICK, JOHN W	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	REET A Y-ST- LE ME REET A	ADDRESS	and a second second	, *	-	- a
NAME STREET ADDRESS	VSD REDRICK, JOHN W 920 N LECANTO HWY	☐ DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	REET A Y-ST- LE ME REET A TY-ST-	ADDRESS		☐ Char	-	Addition Addition
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CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

352-746-2723 11

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90123 032 ***150.00

CR2E034 (11/98)