

FILED

05-01-2000 90489 032 ***150.00

649690



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000040394

1. Entity Name

J. BAISTER TRUCKING, INC.

May 01, 2000 8:00 am

Secretary of State

05-01-2000 90489 032 ***150.00

Principal Place of Business

Mailing Address

2500 ALBURY AVE

2500 ALBURY AVE

DELTONA FL 32738

DELTONA FL 32738-2601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1005 E Washington AVE

1005 E Washington AVE

City & State

City & State

Piereson FL

Piereson FL

Zip

Country

Zip

Country

32180

Volusia

32180

Volusia

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAISTER, JAMES P

2500 ALBURY AVE

DELTONA FL 32738

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

TITLE	D	BAISTER, JAMES P	2500 ALBURY AVE	DELTONA FL 32738	Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

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:

Signature and Typed or Printed Name of Signing Officer or Director

904 749 0939