

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P98000053742**

1. Entity Name  
**D & R TRUCKING, INC. OF NORTH FLORIDA**



Principal Place of Business  
**4369 LONGFELLOW STREET  
JACKSONVILLE, FL 32210 US**

Mailing Address  
**4369 LONGFELLOW STREET  
JACKSONVILLE, FL 32210 US**

**DO NOT WRITE IN THIS SPACE**

8 F 5 4 , , , , 1 / 3 0 . F &

04292006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3517957</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BANKS, DEBORAH J  
4369 LONGFELLOW STREET  
JACKSONVILLE, FL 32210**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000552947  
05/15/06-80091-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BANKS, RICHARD W
STREET ADDRESS	4369 LONGFELLOW STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DST
NAME	BANKS, DEBORAH J
STREET ADDRESS	4369 LONGFELLOW ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

**SIGNATURE:** Deborah J. Banks, Vice President 4/29/2006 904/3846913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #