

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90009 044 ***150.00

DOCUMENT # **P98000094472**

1. Corporation Name

BUCHANAN AND SONS TRUCKING, INC.

365015 - 90009 - 44



Principal Place of Business

170 E. 4TH ST.
CHULUOTA FL 32766

Mailing Address

170 E. 4TH ST.
CHULUOTA FL 32766

P.O. Box 660038
CHULUOTA FL 32766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

2. Principal Place of Business

21 **170 E. 4TH ST.**

2a. Mailing Address

26 **P.O. Box 660038**

4. FEI Number

59-2968420

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 **CHULUOTA FL.**

City & State

28 **CHULUOTA FL.**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 **32766**

Country

25 **U.S.A.**

Zip

29 **32766**

Country

30 **USA.**

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WILKINS, ROBERT C JR
230 LOOKOUT PL.
MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BUCHANAN, STEVEN C**
STREET ADDRESS **170 E. 4TH ST.**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D** ☐ DELETE
NAME **BUCHANAN, JO-ANN E**
STREET ADDRESS **170 E. 4TH ST.**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D** ☒ DELETE
NAME **BUCHANAN, BRIAN J**
STREET ADDRESS **100 E. 4TH ST.**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D** ☒ DELETE
NAME **BUCHANAN, JOHN III**
STREET ADDRESS **100 E. 4TH ST.**
CITY-ST-ZIP **CHULUOTA FL 32766**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

BUCHANAN **07-01-99** **365-4582**

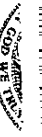
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013336

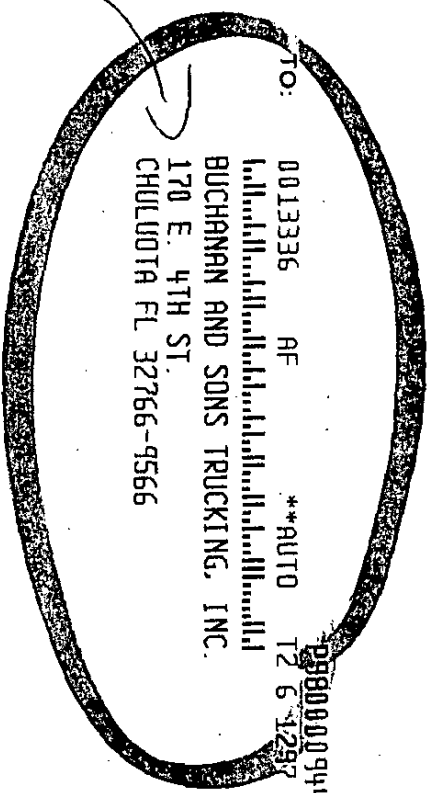
CR2E034 (5/99)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

588016-90009-44
PQ 800094472



P.O. Box 660038
Chuluota, FL 32766

THIS IS THE FIRST NOTICE I HAVE RECEIVED.
~~DELETED~~ MY CORP. ATTORNEY ADVISED ME TODAY THAT THE SERVICES
OF INCORPORATION STATE THAT THE MAILING ADDRESS IS THE P.O. BOX.
I CAN NOT RECEIVE MAIL AT 170 WHICH IS THE PHYSICAL ADDRESS.

FIN NOT SEND WITH STATE TOLERO TO TODAY AT YOUR OFFICE BUT THIS LETTER
EXPLANATION IS WHAT THEY ADVISED TO BE ENCLOSED IS A CHECK FOR \$150.00