

DOCUMENT # P98000108436			
1. Entity Name TOMCAT TRUCKING COMPANY			
Principal Place of Business 601 SKYLINE DRIVE NEW SMYRNA BEACH FL		Mailing Address 601 SKYLINE DRIVE NEW SMYRNA BEACH FL 32168-5949	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CREVASSE, WILLIAM T 601 SKYLINE DRIVE NEW SMYRNA BEACH FL			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVASSE, WILLIAM T 601 SKYLINE DRIVE NEW SMYRNA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			

05-17-2000 90965 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 128, 2006 Date

Net

904 423-1926

Daytime Phone: