

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000015279**

1. Entity Name  
**A&V TRUCKING OF NW FLORIDA, INC.**



**FILED**

06 NOV -6 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5533 HWY 29 NORTH  
MOLINO, FL 32577**

Mailing Address  
**5533 HWY 29 NORTH  
MOLINO, FL 32577**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3597332**

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

**SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY, 4TH FLOOR  
MOLINO, FL 32577**

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

SIGNATURE

*(Signature of registered agent and title if applicable)*

*(NOTE: Registered Agent signature required when reinstating)*

DATE

**10/16/06**

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
CHANCE, ALBERT R  
2950 CHANCE RD  
MOLINO, FL 32577**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
VORNHOLT, GREGORY L  
245 SANTA ROSA CRD.  
CANTONMENT, FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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:**

*(Signature of signing officer or director)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**K. Eckel NOV 07 2006**