

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

05 JUN -6 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033853.	
1. Entity Name GUTHRIE TRUCKING, INC.	



Principal Place of Business 2496 QUARTER HORSE TRAIL MIDDLEBURG, FL 32068	Mailing Address 2496 QUARTER HORSE TRAIL MIDDLEBURG, FL 32068
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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 59-3568166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHERER, KATH S C/O MAGERS & NICHOLS PA 1329 KINGSLEY AVE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name <u>H. Stephen Guthrie</u> Street Address (P.O. Box Number is Not Acceptable) <u>2496 Quarter Horse Trl.</u> City <u>Middleburg</u> FL Zip Code <u>32068</u>	
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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 <u>H. Stephen Guthrie</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>5-26-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GUTHRIE, H. STEPHEN 2496 QUARTER HORSE TRAIL MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700056147177 06/14/05--01030--001 ***308.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>H. Stephen Guthrie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>5-26-05</u> DAYTIME PHONE # <u>904-545-9892</u>