FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)			May 00, 2002 0:00 am
DOCUMENT # \$9900083394			Secretary of State 05-08-2002 90087 038 ***158.75
Terry's Trucking, Inc.			
J' " octang 1 2.1C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3. Mailing Address 145 Burns Road			
Suite, Apt. #, etc. 145 Burns Ruad Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Sta		: (4. FEI Number Applied For # 59-3603 50 8 Not Applicable
7ip 323	43 Gadeden 32343	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name			
Street Address (P.O. Box Number is Not Acceptab			s (P.O. Box Number is Not Acceptable)
IN THIS SPACE			5 Burns Koad
City Midway, FL FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, aboth, in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DIRECTORS	TITLE	
NAME STREET ADDRESS	Terry L. Williams P, S, T		(2E034B (12/01)
CITY-ST-ZIP	Midway , FC 32343	STREET ADDRESS CITY-ST-ZIP	348
TITLE NAME	Alison Burns-Williams 7 /	TITLE NAME	CRZEC
STREET ADDRESS CITY-ST-ZIP	145 Burns Ruad Midway, FZ 32343	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	J,	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	DO NOT WRITE
TITLE	·	CITY-ST-ZIP TITLE	
NAME STREET ADDRESS		NAME STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		TITLE	
STREET ADDRESS CITY-ST-ZIP	·	NAME STREET ADDRESS	
U.11 U1 ZII		CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Daytime Phone #

^{13.} 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 11 or on an attachment with an address, with all other like empowered.