

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Armstrong
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 2: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18467** (8)
1. Corporation Name
A&B TRUCKING, INC.

Principal Place of Business: **1837 INDUSTRIAL DR. PANAMA CITY FL 32404 US**
Mailing Address: **4540 GARRISON ROAD PANAMA CITY FL 32404 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1990** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3041220** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **4540 GARRISON RD**
21. Suite, Apt. #, etc.: **26**
22. City & State: **PANAMA CITY FL**
23. Zip: **32404** Country: **Bay**
24. **32404** 25. **Bay** 29. **30**

9. Name and Address of Current Registered Agent
ANDERSON, WALTER H., SR.
1837 INDUSTRIAL DR.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **4540 GARRISON RD**
83. City: **PANAMA CITY** FL 85. Zip Code: **32404**

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: *Rebecca A. Anderson*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
2. NAME: **ANDERSON, WALTER H., SR.**
3. STREET ADDRESS: **4540 GARRISON ROAD**
4. CITY, ST, ZIP: **PANAM CITY FL**
5. TITLE: **D**
6. NAME: **ANDERSON, REBECCA A.**
7. STREET ADDRESS: **4540 GARRISON ROAD**
8. CITY, ST, ZIP: **PANAMA CITY FL**

9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY, ST, ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. STREET ADDRESS: ☐ Change ☐ Addition
16. CITY, ST, ZIP: ☐ Change ☐ Addition
17. TITLE: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. STREET ADDRESS: ☐ Change ☐ Addition
20. CITY, ST, ZIP: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Rebecca A. Anderson* *Rebecca A. Anderson* 904 872-0724/29/95