## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S39369 1. Corporation Name

KEN BUCHANAN TRUCKING, INC.

-									
ļ		ce of Business	Mailing Address						***** *****
ļ	OLDE DIXIE HIS STAR ROUTE E		OLDE DIXIE HIGHWAY						
١	BUNNELL FL 3		STAR ROUTE BOX 63-A BUNNELL FL 32110			DO NOT W	RITE IN TH	IIS SPACE	
ļ			00			3. Date Incorporated or Qualife	ed		
Ì						03/13/1991			
Į	2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
Ŀ	21		26			59-3066238		No	ot Applicable
-	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	B		Additional equired
Ļ	City & Stat	te	City & State			6. Election Campaign Financin	g 🖂	\$5.00	May Be
ŀ	23		28			Trust Fund Contribution			to Fees
ŀ	Zip	Country	Zip	Country	y	8. This corporation owes the co	ırrent year	_	nov.
Ė	24	9. Name and Address of Current	<del></del>	30		Personal Property Tax.	. Pogistore	Yes	No
H		9. Name and Address of Current	Kedisteleo Ağelit	81	Name	10. Name and Address of Nev	Registere	d Agent	
ļ	BUC	HANAN, KENNETH J.			<u> </u>				
l	WEW OLD	DIXIE HIGHWAY		82	Street Ad	dress (P.O. Box Number is Not Acce	otable)		
	STAI	R ROUTE BOX 63-A		83	<del>                                     </del>	1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$15 \ 10 \ 100	· 19 · 15 · 19	934 (34 13)
	BUN	NELL FL 32110			1		網系經		
į		•		84	City	<del></del>	F	85 Zip	Code
		report 2.55	region a		<u> </u>		-	_	
	11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute		o-named co	rnoration submits this statement for th	A DITTORS		registered
	office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	' Florida. Such change was au	thorized by	the corpora	prporation submits this statement for the ation's board of directors. I hereby acc	e purpose ept the app	ointment as re	registered gistered
	office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose ept the app	oi changing its pointment as re	registered gistered
	office or n	egistered agent, or both, in the State of	Florida. Such change was au ons of, Section 607.0505, Flori	thorized by da Statutes	the corpora s.	ation's board of directors. I hereby acc	ept the app	or changing its pointment as re	registered gistered
	office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE:	thorized by da Statutes	the corpora s.	propration submits this statement for thation's board of directors. I hereby accurred when reinstating);  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered
	SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE:	thorized by ida Statutes Registered Age	the corpora s.	ation's board of directors. I hereby acc	ept the app	ointment as re	gistered
	SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS	thorized by da Statutes Registered Age	the corpora s.	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  ORS IN 12
	SIGNATURE  12.	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS	thorized by da Statutes  Registered Age  13.  1.1 TITLE  1.2 NAME	the corpora s.	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  ORS IN 12
	office or n signature 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND P BUCHANAN, KENNETH J	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS	thorized by da Statutes  Registered Age  13.  1.1 TITLE  1.2 NAME	the corpora	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  ORS IN 12
	office or no service of the service	egistered agent, or both, in the State of im familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND P BUCHANAN, KENNETH J OLD DIXIE HWY	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE	the corpora	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  ORS IN 12
	office or no offic	egistered agent, or both, in the State of im familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND P BUCHANAN, KENNETH J OLD DIXIE HWY	Florida. Such change was au ons of, Section 607.0505, Flori and site if applicable. (NOTE: IDIRECTORS	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	the corpora	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  DRS IN 12  Addition
	Office or a signature  12.  TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE	egistered agent, or both, in the State of im familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND P BUCHANAN, KENNETH J OLD DIXIE HWY	Florida. Such change was au ons of, Section 607.0505, Flori and site if applicable. (NOTE: IDIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corpora	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  DRS IN 12  Addition
	Office or new agent I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME	egistered agent, or both, in the State of im familiar with, and accept the obligation of signature, typed or printed name of registered agent a OFFICERS AND P BUCHANAN, KENNETH J OLD DIXIE HWY	Florida. Such change was au ons of, Section 607.0505, Flori and site if applicable. (NOTE: IDIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corporals.  Int signature required the signature required to the s	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  DRS IN 12  Addition
	SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of im familiar with, and accept the obligation of segistered agent a OFFICERS AND P BUCHANAN, KENNETH J OLD DIXIE HWY BUNNELL FL	Florida. Such change was au ons of, Section 607.0505, Flori and site if applicable. (NOTE: IDIRECTORS	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	the corporals.  Int signature required the signature required to the s	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	ointment as re	gistered  DRS IN 12  Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of im familiar with, and accept the obligation of superior of s	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	the corporals.  Int signature required the signature required to the s	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	AND DIRECTO Change	PRS IN 12 Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY: ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of im familiar with, and accept the obligation of superior of s	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME	the corporals.  Int signature required the signature required to the s	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	AND DIRECTO Change	PRS IN 12 Addition
	SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a second of familiar with the obligation of familiar with an accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar w	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable (NOTE:   DIRECTORS DELETE	Registered Age  13.  1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME	the corporals.  Int signature required to the signature required to th	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a second of familiar with the obligation of familiar with an accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar w	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I DIRECTORS DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	the corporals.  Int signature required to the signature required to th	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	ept the app	AND DIRECTO Change Change	PRS IN 12 Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a comparison of familiar with the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of familiar	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable (NOTE:   DIRECTORS DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY:  3.1 TITLE  3.2 NAME  3.3 STREE  3.4 CITY:  3.4 CITY:  3.4 CITY:  3.5 TREE  3.5 TREE  3.7 TREE  3.7 TITLE	the corporals.  Int signature requirements of ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a comparison of familiar with the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of familiar	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	the corporals.  Int signature requirements of ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiar with a comparison of familiar wi	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a second of familiar with the obligation of familiar with a second of familiar with, and accept the obligation of familiar with a second of	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	ation's board of directors. I hereby according when reinstating);  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  N	egistered agent, or both, in the State of im familiar with, and accept the obligation of familiary with the obligation of familiar with an accept the obligation of familiar with a second of familiar with the obligation of familiar with a second of familiar with, and accept the obligation of familiar with a second of	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	ation's board of directors. I hereby acc  ured when reinstating);,  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  N	egistered agent, or both, in the State of im familiar with, and accept the obligation of segistered agent is of segistered agent in the state of registered agent is of segistered agent in the segist	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS	ation's board of directors. I hereby according when reinstating);  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of im familiar with, and accept the obligation of superior of the obligation of t	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered Age  13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.3 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREE 5.6 CITY-S	T ADDRESS	ation's board of directors. I hereby according when reinstating);  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change Change	ORS IN 12 Addition Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State of im familiar with, and accept the obligation of segistered agent is of segistered agent in the state of registered agent is of segistered agent in the segist	Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE	Registered Age  13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 ITILE 2.2 NAME 2.3 STREE 3.4 CITY-S 4.1 ITILE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 ITILE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.4 STREE 5.5 NAME 5.5 STREE 5.5 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	T ADDRESS	ation's board of directors. I hereby according when reinstating);  ADDITIONS/CHANGES TO C	DATE	AND DIRECTO Change Change Change	ORS IN 12 Addition Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

别别记(二)

NAME

STREET ADDRESS

CITY-ST-ZIP -

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90024 049 \*\*\*158.75