


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90008 029 ***150.00

DOCUMENT # S61370		
1. Entity Name GILLIARD TRUCK SERVICE, INC.		

54066122



07282004 Chg-P CR2E034 (10/03)

Principal Place of Business 2740 INDUSTRIAL PARK DR LAKELAND, FL 33801	Mailing Address 2740 INDUSTRIAL PARK DR LAKELAND, FL 33801
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2. Principal Place of Business 2240 MALACHITE DR Suite, Apt. #, etc.	3. Mailing Address 2240 MALACHITE DR Suite, Apt. #, etc.
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City & State LAKELAND, FL.	City & State LAKELAND, FL.	4. FEI Number 59-3069671	Applied For Not Applicable
Zip 33810	Country	Zip 33810	Country

6. Name and Address of Current Registered Agent GILLIARD, HOMER RAY 2740 INDUSTRIAL PARK DR LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2240 MALACHITE DR City LAKELAND FL Zip Code 33810	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLIARD, HOMER RAY 5656 PAYNE RD LAKELAND, FL 33810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLIARD, BETTY JEAN 5656 PAYNE RD LAKELAND, FL 33810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOBBS, KAREN R 1313 ARROWHEAD COURT AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2240 MALACHITE DR LAKELAND, FL. 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2240 MALACHITE DR LAKELAND, FL. 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Homer Ray Gilliard* - *Homer Ray Gilliard* 863 853-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54066122
Doc # 561370

JULY 28, 2004

DUE TO A CHANGE OF ADDRESS THIS YEAR WE NEVER RECEIVED THE
ANNUAL REPORT. WE HAVE MADE CHANGES ONLINE AND
HAVE PRINTED OUT THE RECEIPT PAGE AND WILL PAY THE FEE OF 150.00

THANK YOU,

Homer Ray Gilliard

H RAY GILLIARD