

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35939** (0)

1. Corporation Name

MUCK HAULERS, INC.



Principal Place of Business

P.O. BOX 770129
OCALA FL 34477

Mailing Address

P.O. BOX 770129
OCALA FL 34477

3. Date Incorporated or Qualified

05/11/1992

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3126822

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, MICHAEL J
321 NW 3RD AVE
OCALA FL 32670**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature of person or persons authorized to register (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME **D MONTGOMERY, BECKY T**

STREET ADDRESS **2775 SW 53 STREET**

CITY-ST-ZIP **OCALA FL**

1.2 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.3 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.4 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.5 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.6 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.7 TITLE ☐ DELETE

NAME **D WILSON, JERRY S**

STREET ADDRESS **8243 SW 100 STREET**

CITY-ST-ZIP **OCALA FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)