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

Mailing Address POB 15305 4915 W. KNOX STREET

TAMPA FL 33684

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 176312

Principal Place of Business

2. Principal Place of Business

4915 W. KNOX STREET

TAMPA FL 33684

FLAMINGO HEAVY HAULING COMPANY

21	•	26					59-6069897		NO	t Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing		\$5.00 Added	May Be	
23		28					Trust Fund Contribution			to rees	
Zip	Country	Н	Zip	Count	ry		8. This corporation owes the currer	it year Inta			
:4	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Regis	tered Agent	-	<u>.a.l.</u>	Alama	10. Name and Address of New Re	gisterea /	Agent		
CWE	T DICHARD T			8	81 Name						
SWEET, RICHARD T.						82 Street Address (P.O. Box Number is Not Acceptable)					
4915 KNOX ST TAMPA FL 33614											
					83						
				8		City			85 Zip	Code	
				"	7	City		FL			
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the abo	ve-	named corpor	ration submits this statement for the po-	urpose of	changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florie	da. Such change was a	uthorized b	IV II	he corporation	i's board of directors. I hereby accept	tne appoir	itment as re	gistered	
	m lamiliai with, and accept the obligation	JIIS OI	, 360001 007.0303, 110	iida Qtatute	33.					, [
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	: Registered Ag	ent :	signature required v	when reinstating)	DATE	· ·		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12	
TITLE	PST		☐ DELETE	1.1 TITLE				•	Change	☐ Addition	
NAME	SWEET, RICHARD			1.2 NAME	F						
	4915 W. KNOX					ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP	TAMPA FL		□ DELETE	1.4 CITY- 2.1 TITLE		ZIP			Change	Addition	
TITLE	-							_			
NAME	-			2.2 NAME			•				
STREET ADDRESS				2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				2. 4 CITY		- ZIP			Channa	☐ Addition	
TITLE			☐ DELETE	3.1 TITLE	Ξ				Change	☐ Addition	
NAME				3.2 NAME	E						
STREET ADDRESS				3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				3.4. CfTY	'-ST-	-ZIP					
TITLE .			☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME				4. 2 NAM	ŧΕ						
STREET ADDRESS	•			4.3 STRE	ET A	ADDRESS				l	
CITY-ST-ZIP				4.4 CITY-	-ST-	ZIP	<u></u>				
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME	E						
STREET ADDRESS				5.3 STRE	ET A	ADDRESS				ĺ	
CITY-ST-ZIP	BBD G			5.4 CITY-	-ST-	ZIP					
TITLE	Super 780 3.		☐ DELETE	6.1 TITLE	:				☐ Change	Addition	
NAME				6.2 NAME	Ε					Ì	
				6.3 STRE	ET A	ADDRESS					
STREET ADDRESS				6.4 CITY-							
CITY-ST-ZIP	certify that the information supplied with	thic f	iling does not qualify for				ection 119.07(3)(i), Florida Statutes. I f	urther cert	ify that the	information	
IT, INCICUY	stary area are invinigation supplied with	i ana i	ming goes not quanty to				tollin contained				

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90183 020 ***150.00

	0)100 11101 HUN	: { 	DIBIN BABIK BABIK	#### (88)

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

12/01/1953 4. FEI Number

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.