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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H64022

(7)

E & W SUNSHINE TRUCKING, INC.

	F	ILED	
May	14	1998	8:00am
Sec	cret	ary of	State



Principal Place of Business Mailing Address			· I	81.1 08881 81812 B1813 T2811 1881		
		Mailing Address	•			
% EDWARD 1 7841 TINA C		% EDWARD W. GOSK 7841 TINA CT.				
PORT RICHEY FL 34668		PORT RICHEY FL 34688			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 06/24/1985	
	Place of Business	2e. Mailing Address			4. FEI Number	Applied For
21		26			59-2544418	Not Applicable
Sulte, Apt. 22		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	<u> </u>	 -	Trust Fund Contribution	Added to Fees
24	<u></u> ⊢-¬ ′	Zip	Coun	ıtry	8. This corporation owes or has paid the c	
24	25 25 Name and Address of Cur		30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
00		Tonk Hegistered Agent		31 Name	10. Name and Address of New Registered	Agent
	OSK, EDWARD W.		[`	, Hame		
	41 TINA CT.		1	Street Add	ress (P.O. Box Number is Not Acceptable)	
PORT RICHEY FL 34668			83			
			8	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statute	es, the abo	ve-named core	poration cultimite this statement for the nursees	of changing its registered
office or r agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized oriđa Statu	by the corpora tes.	tion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered	autot and title il englicable /NOTE	- Pagirtarad	Apont proporture requir	ited when reinstating) DATE	
12.		AND DIRECTORS	13.	ngorii bigiralare requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	11 TITL	F T	, is still to still delicated in the still	Change Addition
NAME	GOSK, EDWARD W.		12 NAM	1E		
STREET ADDRESS	7841 TINA COURT		1.3 STB	EET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL			'-S1-ZIP		
TITLE	\$T	☐ DELETE	2.1 TITL		41111144	Change Addition
NAME	GOSK, DIANE D.		2.2 NAV	ie İ		• -
STREET ADDRESS	7841 TINA COURT			EET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		- 1	Y-ST-ZIP		
TITLE		DELETE	3.1 1111			Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				1-ST-ZIP		
TITLE		DELETE	4.1 TITL			Change Addition
NAME		-	4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DÉLETE	5.1 TITLE			☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAM			Stronge Auditibit
STREET ADDRESS					,	
CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE		- ST- ZIP		Change Addition
			6.1 TITLE	1		☐ Change ☐ Addition
NAME OTOTET ADDOCCO			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP (6.4 C03 V	- ST - 7IP		

14. 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 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.