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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000080966 (3)

CAPE CORAL FL 33904

R.C. KINNEY 1	TRUCKING, INC.							
Principal Place of Busin	Mailing Addres	ddress		I HODINEST TAD HANDE STATE BEHAN BOTH BOLDE HEIST, OFFIND TRADE STATE OFFIN 1961				
115 SE 37TH TERRACE CAPE CORAL FL 33904		115 SE 37TH CAPE CORAL			DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualified     11/19/1993			
2. Principal Place of Bu	ISINOSS	2a. Mailing Add	dress		4. FEI Number Applied F			
21		26			65-0447193 Not Applica			
Suite, Apt. #, etc.		Suite, Apt. (	#, etc.		5. Certificate of Status Desired	esired		
City & State		City & State	•		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Z <sub>1</sub> p	30 Co	untry	8. This corporation owes or has paid the curre Personal Property Tax due June 30.			
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
KINNEY, RO 115 SE 37T	NALD C H TERRACE			81 Name	Address (P.O. Box Number is Not Acceptable)			

Zip Code

office or a	registered agent, or both, in the State of Florida Such chang im familiar with, and accept the obligations of, Section 607.0	a Statules, ti ge was a⊔tho 3505. Florida	orized by the corp Statutes.	corporation's board of direct	ctors. I hereby accept the ap	ppointment as	registered	
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered agent and title if applicable (NOT		: Registered Agent signature required when reinstating)			DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/0	CHANGES TO OFFICERS AN	ID DIRECTOR	IS IN 12	
TITLE	<b>D</b> DELI	.ETE	1.1 TITLE			☐ Change	Addition	
NAME	KINNEY, RONALD C	1	1.2 NAME					
STREET ADDRESS	115 SE 37TH TERRACE		1.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY - ST - ZIP					
TITLE	☐ DELU	ETE	2.1 TITLE			Change	Addition	
NAME		l	2.2 NAME					
STREET ADDRESS		ł	2.3 STREET ADDRESS					
CITY - ST - ZIP			2. 4 CITY-ST-ZIP					
TITLE .	DELI	ETE	3.1 TITLE			Change	☐ Addition	
NAME		1	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	☐ DELI	ETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				• ]	
TITLE	☐ DELI	ETE	5.1 TITLE			Change	Addition	
NAME			52 NAME				•	
STREET ADDRESS		1	5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	☐ DELU	ETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS		1	63 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

Thereby 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 corpivation or the recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with an oddress.

**FILED** 

May 13 1998 8:00am

Secretary of State