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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 188173 1. Corporation Name

Principal Place of Business

COMMERCIAL TRUCK BROKERS INCORPORATED

1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397 1025 US HIGHWAY 27 NORTH P.O. BOX 397 HAINES CITY FL 33845-7397					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/01/1955				
2. Principal Pl	lace of Business	2a. Mailing Address		-	4. FEI Number				plied For
21		26			59-075170		-		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		\$8.75 A	
City & State	e	City & State			6. Election Carr	paign Financing		\$5.00	May Be
23		28			Trust Fund C			Added to	
Zip	Country ~ O 397 25	Zip 29 33845-0397 3	Country		8. This corporate	tion owes the currer			□No
24 0000	9. Name and Address of Curre					ddress of New Re	gistered A	gent	-
			81	Name					
	ton, Jeffrey D		82	Street Add	trace (P.O. Boy Num	her is Not Accentah	le)		
50 PINE FOREST DR				Sileer Add	Idress (P.O. Box Number is Not Acceptable)				
MAIN	IES CITY FL 33844		83		•				Ì
			84	City		,	FL	85 Zip (Code
agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statutes			:	DATE		
	Signature, typed or printed name of registered ac	<u> </u>		nt signature requir	red when reinstating) ADDITIONS/C	HANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS A	AND DIRECTORS	13.	nt signature requir		HANGES TO OFF			
12.	OFFICERS A	<u> </u>	13. 1.1 TITLE	nt signature requir		HANGES TO OFF		DIRECTO Change	RS IN 12
12. TITLE NAME	OFFICERS A ST BRADBURY, LORRAINE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			HANGES TO OFF			
12. TITLE NAME STREET ADDRESS	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS		HANGES TO OFF			
12. TITLE NAME	OFFICERS A ST BRADBURY, LORRAINE 61 E. LAKE DRIVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		HANGES TO OFF			
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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, with all other like empowered.

| Bradbury |

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Secretary-treasurer

1/14/99 · 941/421-6625

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90016 023 ***150.00