

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 406557 (9)
1. Corporation Name
AUSTIN TUPLER TRUCKING, INC.

Principal Place of Business 6570 SW 47TH CT. FT LAUDERDALE FL 33314	Mailing Address 6570 SW 47TH CT. FT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1972	
21		25		4. FEI Number 59-1426412	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		25			
29		30			

9. Name and Address of Current Registered Agent

TUPLER, AUSTIN
6570 S W 47TH CT
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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, typed or printed name of registered agent and title if applicable.

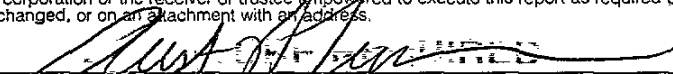
(NOTE: Registered Agent signature required when re-listing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TUPLER, AUSTIN W	1.2 NAME	
STREET ADDRESS	6570 S.W. 47TH CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	TUPLER, GLEN D.	2.2 NAME	
STREET ADDRESS	6570 SW 47 CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	TUPLER, MARC A.	3.2 NAME	
STREET ADDRESS	6570 SW 47 CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	TUPLER, RUTH	4.2 NAME	
STREET ADDRESS	6570 SW. 47 COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98

Date

Daytime Phone # 0285115

CR2E034 (10/97)