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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 464777

WALSH TRUCKING, INC.	
	A War Address
Principal Place of Business	Mailing Address
2209 ARDEN STREET	2209 ARDEN STREET
FT. MYERS FL 33907	FT. MYERS FL 33907
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	. 27

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90097 003 ***158.75

	of Punings	Mailing Address	<u>,</u>					
Principal Place		2209 ARDEN STREET						
2209 ARDEN ST FT. MYERS FL		FT. MYERS FL 33907						
					DO NOT WRITE IN THI	S SPACE	<u>.,.</u>	l
					3. Date Incorporated or Qualifed 11/08/1974	4	•	
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	App	olied For	
21		26			59-1560178	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State	e *	City & State			6. Election Campaign Financing	\$5.00		يسترج
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		intry	8. This corporation owes the current year l		□ы_	
24	25	29	30	1	Personal Property Tax.		□No	
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Registerer	a Agent		
W/AI	SH, MARIA			81 Name				
	ARDEN STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	MYERS FL 33907			83				
F1.1	WIERO FE 30907			03				
		_		84 City	F	85 Zip C	ode	
		500 1007 4500 Flydda Cla	4.4 4		rporation submits this statement for the purpose of		registered	l
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	s authorized	d by the corpora	tion's board of directors. I hereby accept the app	ointment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		Agent signature requ				á
12.	····	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	RS IN 12 Addition	1
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		DELETE	1.3 S 1.4 C 2.1 Π 2.2 N	ITY-ST-ZIP ITLE AME		☐ Change	Addition	CDOED
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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, with all other like empowered.

SIGNATURE: