

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90006 024 ***150.00

DOCUMENT # 698590

1. Corporation Name
SOUTHLAND TRUCKING, INC.

Principal Place of Business

~~P.O. BOX 182~~
TRENTON FL 32693

Mailing Address

P.O. BOX 182
TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1981

4. FEI Number

59-2139024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **3250 NW 150TH STREET**

2a. Mailing Address

Suite, Apt. #, etc.

22

27

City & State

23 **TRENTON Florida**

City & State

28

Zip Country

24 **32693** 25 **USA**

Zip Country

29

30

9. Name and Address of Current Registered Agent

ASBELL, JAMES D.
ROUTE 3, BOX 431
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3250 N.W. 150TH STREET

83

84 City **TRENTON**

FL

85 Zip Code
32693

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ASBELL, JAMES D.
P.O. BOX 182/304 SE 1 ST
TRENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ASBELL, ELMOR, H
P.O. BOX 182/304 SE 1 ST
TRENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VT
BARRON, THERESA
RT. 3, BOX 431
TRENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **3250 N.W. 150TH STREET**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **James D. Asbell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99 **352-463-7526**
Date Daytime Phone #

CR2E034 (1/98)