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Apr 14, 1999 8:00 am
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04-14-1999 90056 036 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 769609

1. Corporation Name

THE OLE TRUCKERS OF BRANDON, INC.

Principal Place of Business

P.O. BOX 1281
BRANDON FL 33509-281
US

Mailing Address

P.O. BOX 1281
BRANDON FL 33509-281
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

07/29/1983

4. FEI Number

59-2375545

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARROLL, LUCY M.
8426 PINWOOD ST.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

Nita Ferris

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

7501-142nd. Ave. N. Lot 597

83

84 City

Largo

85 FL

86 Zip Code
33771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nita Ferris* NITA Ferris

DATE 4/8/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME LITTLE, GARY
STREET ADDRESS 6513 ABACO DR.
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE DV DELETE
NAME MANKEDICK, BOB
STREET ADDRESS 1015 NEPTUNE DR.
CITY-ST-ZIP RUSKIN FL 33570

TITLE DP DELETE
NAME CARROLL, LUCY M.
STREET ADDRESS 8426 PINWOOD ST.
CITY-ST-ZIP TAMPA FL 33615

TITLE DS DELETE
NAME MARSHNER, ROSE
STREET ADDRESS 4217 SPRINGWAY COURT
CITY-ST-ZIP VALRICO FL 33594

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

1.1 TITLE DP Change Addition
1.2 NAME Bruce Smith
1.3 STREET ADDRESS 9507 Sunny Oak Drive
1.4 CITY-ST-ZIP Riverview, FL 33569

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DT Change Addition
3.2 NAME Nita Ferris
3.3 STREET ADDRESS 7501-142nd. Ave. N. Lot 597
3.4 CITY-ST-ZIP Largo, FL 33771

4.1 TITLE DS Change Addition
4.2 NAME Dave Gonzalez
4.3 STREET ADDRESS 3607 Sugar creek Drive
4.4 CITY-ST-ZIP Tampa, FL 33619

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
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 617, 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: *NITA FERRIS* NITA Ferris 4/8/99 (727) 572-5078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0047672

CR2E037 (11/98)