

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 23, 1999 8:00 am
Secretary of State

03-23-1999 90023 039 ***158.75

DOCUMENT # F07710

1. Corporation Name

EARL LEIFFER & SONS TRUCKING CO., INC.

Principal Place of Business

350 DOG TRACK ROAD
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 521107
LONGWOOD FL 32752-1107
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1980

4. FEI Number

59-2778138

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 4424 EDGEWATER DRIVE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32804

Country

25 ORANGE

2a. Mailing Address

26 4424 EDGEWATER DRIVE

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32804

Country

30 ORANGE

9. Name and Address of Current Registered Agent

LOVETT, W THOMAS
200 E. ROBINSON STREET, SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Earl M. Leiffer

EARL M. LEIFFER

MARCH 18, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LEIFFER, EARL M
STREET ADDRESS 4433 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE V ☐ DELETE

NAME LEIFER, CRAIG P.
STREET ADDRESS 4433 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE S ☐ DELETE

NAME LEIFER, CHRISTOPHER D.
STREET ADDRESS 4433 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4424 EDGEWATER DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32804

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME LEIFFER, CRAIG P.
2.3 STREET ADDRESS 4424 EDGEWATER DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32804

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME LEIFFER, CHRISTOPHER D.
3.3 STREET ADDRESS 4424 EDGEWATER DRIVE
3.4 CITY-ST-ZIP ORLANDO, FL 32804

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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: *

Earl M. Leiffer

EARL M. LEIFFER 03/18/99 (407)296-2040

Date

Daytime Phone #

CR2E034 (11/98)