PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002391

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90013 049 ***150.00

1. Corporation	FRUCKING SERVICES, INC.	,					E LEGENIAGO HILDE HELDEN LEGNIN BERNIN BERNI	 		
Principal Plac	ce of Business	Mailing Addr	ess					 		
400 ISLAND WAY #1101 400 ISLAND WAY #1101										
CLEARWATER FL 33767 CLEARWATER FL 33767							DO NOT WRITE IN THIS SPACE			
						Ì	3. Date Incorporated or Qualifed	3 SPACE		
							04/27/1998			
Principal Place of Business 2a. Mailing Address							4. FEI Number	T A	pplied For	
21		26					1 6- 1165746	N	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		Additional equired	
City & State City & State			ate				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Г	Count	ry		8. This corporation owes the current year Ir		- I	
24	25 9. Name and Address of Curre	29		30			Personal Property Tax. 10. Name and Address of New Registered	∐ Yes	No	
	9. Ivalile and Address of Curre	iii kegisteled Age	····	8	1 Name	 e	IV. Name and Address of New Registered	Agent		
Kennedy, robert				Ļ	1					
400 ISLAND WAY #1101				8	82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 33767				8	3	-	·			
				8-	4 City		FI	85 Zip	Code	
44 Durawant	to the applicance of Sections 607 051	02 and 607 4500 E	Ilorido Ctatuto	s the she	L Dame	d corner	ation submits this statement for the purpose of	_ , ,	e registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such cl	hange was au	thorized b	y the con	poration'	's board of directors. I hereby accept the appo	ointment as re	egistered	
SIGNATURE							then reunstating) DATE			
12.	Signature, typed or printed name of registered age OFFICERS At	ND DIRECTORS	INGLES	13.	eut aldusinie	e cedmica w	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	PCD		DELETE	1.1 TITLE			7.0211701107-017-311020-7-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	☐ Change	Addition	
NAME	KENNEDY, ROBERT			1.2 NAME	1		•			
STREET ADDRESS	400 ISLAND WAY #1101			1.3 STRE	ET ADDRESS	s			l.	
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-	ST-ZIP	Ì				
TITLE	S	7	DELETE	2.1 TITLE			- 11	☐ Change	☐ Addition	
NAME	Kennedy, Kelly			2.2 NAME	:				{	
STREET ADDRESS				2.3 STREET ADDRESS		s			Į.	
CITY-ST-ZIP	ENDICOTT NY			2. 4 CITY	ST-ZIP	_ <u>_</u>				
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NAME				3.2 NAME	:	Ì			İ	
STREET ADDRESS				1	ET ADDRESS	s			į	
CITY-ST-ZIP			DELETE	3.4. C/TY-				Chance	Addition	
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NAME STREET ADDRESS					: Et adoress				ĺ	
CITY-ST-ZIP				4.4 CITY-		~			}	
TITLE			DELETE	5.1 TITLE		+		☐ Change	Addition	
NAME				5.2 NAME				_ •		
STREET ADDRESS				5.3 STREE	ET ADDRESS	s			1	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	}	<u></u>			
TITLE			DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME				6.2 NAME		İ				
STREET ADDRESS				63 STREI	ET ADDRESS	s			ĺ	
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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: