

DOCUMENT # F98000002391

1. Entity Name

R.M.K. TRUCKING SERVICES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

01-13-2000 90030 043 ***150.00

Principal Place of Business 400 ISLAND WAY #1101 CLEARWATER FL 33767	Mailing Address 400 ISLAND WAY #1101 CLEARWATER FL 33767-2136
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Moved to new address

2. Principal Place of Business 643 Snug Island	3. Mailing Address 643 Snug Island
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 16-1165746	Applied For Not Applicable
Zip 33767	Country Pinellas	Zip 33767	Country Pinellas
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENNEDY, ROBERT 400 ISLAND WAY #1101 CLEARWATER FL 33767		7. Name and Address of New Registered Agent Name: Robert M. Kennedy Street Address (P.O. Box Number is Not Acceptable): 643 Snug Island City: Clearwater FL Zip Code: 33767	
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new Address →

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE: Robert M Kennedy "President" Robert M Kennedy	DATE: 1-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KENNEDY, ROBERT 400 ISLAND WAY #1101 643 Snug Island CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Robert M Kennedy "President" Robert M Kennedy	DATE: 1-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	