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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G01976**

(1)

1. Corporation Name

R. SANCHEZ TRUCKING, INC.



Principal Place of Business

**% ORALIA SANCHEZ
2958 EVANS ROAD
POLK CITY FL 33868**

Mailing Address

**% ORALIA SANCHEZ
2958 EVANS ROAD
POLK CITY FL 33868-9253**

2. Principal Place of Business

21 10150 Evans Road

Suite, Apt. #, etc.

22 City & State

23 Polk City, FL 33868

Zip Country

24 25

2a. Mailing Address

26 10150 Evans Road

Suite, Apt. #, etc.

27 City & State

28 Polk City, FL 33868

Zip Country

29 30

3. Date Incorporated or Qualified

09/29/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2245320

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SANCHEZ, ORALIA
2958 EVANS ROAD
POLK CITY FL 33868**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
10150 Evans Road

83

84 City
Polk City

FL **85** Zip Code
33868

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 *Oralia Sanchez*
Signature, typed or printed name of registered agent and to whom applicable

ORALIA SANCHEZ, Registered Agent

4-15-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SANCHEZ, REYNALDO**
STREET ADDRESS **2958 EVANS RD**
CITY-ST-ZIP **POLK CITY, FL 00000**

TITLE **DS** ☐ DELETE

NAME **SANCHEZ, ORALIA**
STREET ADDRESS **2958 EVANS RD**
CITY-ST-ZIP **POLK CITY, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **President** ☒ Change ☐ Addition

1.2 NAME **Sanchez, Reynaldo**
1.3 STREET ADDRESS **10130 Evans Road**
1.4 CITY-ST-ZIP **Polk City, FL 33868**

2.1 TITLE **DS** ☒ Change ☐ Addition

2.2 NAME **Sanchez, Oralia**
2.3 STREET ADDRESS **10130 Evans Road**
2.4 CITY-ST-ZIP **Polk City, FL 33868**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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.

SIGNATURE *Reynaldo Sanchez* **REYNALDO SANCHEZ, President** **4-15-97** **(941) 984-2749**

CR2E034 (9/96)