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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G02661

1. Corporation Name
EMMETT MCCABE TRUCKING, INC.

Principal Place of Business

PO BOX 3601
SEMINOLE FL 33775
US

Mailing Address

3131 66TH STREET N.
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

59-2226034

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 14829 SEMINOLE TRAIL

27 Suite, Apt. #, etc.

28 City & State

29 33776

30 USA

9. Name and Address of Current Registered Agent

LEWIS, MARK R.
3131 66TH STREET NORTH, SUITE A
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name VERONICA S. MCCABE

82 Street Address (P.O. Box Number is Not Acceptable)
14829 SEMINOLE TRAIL

84 City SEMINOLE

FL

85 Zip Code 33776

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

VERONICA S. MCCABE, SEC.
(NOT E-Registered Agent signature required when reinstating)

4/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCCABE, EMMETT
STREET ADDRESS 14829 SEMINOLE TRAIL
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ST ☐ DELETE

NAME MCCABE, VERONICA S.
STREET ADDRESS 14829 SEMINOLE TRAIL
CITY-ST-ZIP SEMINOLE FL 33776

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Veronica S. McCabe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (727) 596-0722

CR2E034 (11/98)