FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1, Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

G76139

(6)

BOWLING GREEN TRUCKING COMPANY, INC.

Principal Place	e of Business	Mailing Address		n 1887ilis Abit 18810 milit 11800 tilla 1831 mini 510li Asati Alati Alati Atati
9909 EUGGELI	Ph.	3992 FUSSELL RD		
3992 FUSSELL RD RT. 1. BOX 250 D		RT. 1. BOX 250 D		
BOWLING GREEN FL 33834		BOWLING GREEN FL 33834		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
				12/27/1983
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2357366 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6, Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
MC	CLELLAN, DONALD		81 Name	
3992 FUSSELL RD			82 Street A	ddress (P.O. Box Number is Not Acceptable)
BOWLING GREEN FL 33834			62 Street A	adiess (P.O. Box Number is Not Acceptable)
60	MUNICI CREEN PL 33034		83	
			84 City	FL B5 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607.1508, Florida Statut	es, the above-named o	corporation submits this statement for the purpose of changing its registered
office or r	egiste red agent, or both, in the St m fam iliar with, and accept the ob	ate of Florida. Such change was a digations of Section 607.0505. Flo	authorized by the corporida Statutes	oration's board of directors. I hereby accept the appointment as registered
	m marina with and decept the or	angularia an attack as the coop, and		
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable (NOT	E.: Registered Agent signature of	equired when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	MCCLELLAN, DONALD		1.2 NAME	ZiP
STREET ADDRESS	8992 FUSSELL RD		1.3 STREET ADDRESS	·
CITY-ST-ZIP	BOWLING GREEN FL		1.4 CITY - ST - ZIP	33834
TITLE	81	DELETE	2.1 THTLE	Change Addition
NAME:	MCCLELLAN, BONNIE		2.2 NAME	ZiP
STREET ADDRESS	3992 FUSSELL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL		2. 4 City - St - ZiP	33834
TITLE	PATTERIN WILLIAM	DELETE	3.1 TITLE	Change Addition
NAME		***	3.2 NAME	
STREET ADDRESS		•	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	 •
STREET ADDRESS			4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	Change Addition
				L Vitality L Mutiliti
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

14. I hereby certify that the information supplied with this filling 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

Addition

FILED

Apr 24 1998 8:00am

Secretary of State