

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

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90148 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H06163

Corporation Name  
C & L TRANSPORT OF CITRUS COUNTY, INC.

Principal Place of Business

CAROLE TEETS  
N. CALUMET TERRACE  
HERNANDO FL 34442

Mailing Address

C/O CAROLE TEETS  
3880 N. CALUMET TERRACE  
HERNANDO FL 34442  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

City & State

27

City & State

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

06/01/1984

4. FEI Number

59-2409875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

TEETS, CAROLE  
3880 N. CALUMET TERRACE  
HERNANDO FL 32642

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being duly sworn, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

PD  
TEETS, CAROLE  
3880 N. CALUMET TERRACE  
HERNANDO FL

☐ DELETE

D  
PRATHER, CINDA  
7682 GORDON LOOP  
BROOKSVILLE FL 34601

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 stated 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:

*Carole Teets*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

352-344-0P78

Daytime Phone #

CR2E034 (11/98)