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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # HOOK

1. Corporation	TRUCKING COMPANY, IN							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Place	of Business	Mailing Address					I İMBİBİL ANIB CIRBI IBILD BILBI IB		111 01011 019 11	01811 01911 19 6 1
4604 W. CURTIS AVE. (33614) P.O. BOX 15086 TAMPA FL 33614		4604 W. CURTIS AVE. (33614) P.O. BOX 15086 TAMPA FL 33614		3.	DO NOT WRI	TE IN THIS	SPACE			
							11/05/1984 FEI Number			
·	ace of Business	2a. Mailing Address			4.				ot Applicable	
21		26 Suite Ant # oto				<u>59-2475016</u>			Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	, Certificate of Status Desired		•	equired	
22		City & State			- -	Fig. 10 - O - marrier Fig size				
City & State	•	⊢ ′	1 ^			6.	. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country Zip			Country			This corporation owes the curr	ent vear Inta		10 1 003
<u> </u>				т. у		8.	Personal Property Tax.	ent year ma	Yes	□No
24	9. Name and Address of Curren		30			10	Name and Address of New F	tegistered A	gent	
	3. Italiio and Address of Carren	t registored rigorit		81	Name					
GUTIERREZ, JOSE A. 4604 W. CURTIS AVE				82	Street	Address (I	P.O. Box Number is Not Accepta	able)		
TAMPA FL 33614				83						
				84	City			FL	85 Zip	Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607 050 agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Flori	s, the ai thorized da Stati	bove by t	-named the corpo	corporation s b	on submits this statement for the loard of directors. I hereby accept	purpose of on the appoin	changing its tment as re	s registered egistered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg			<u> </u>	egistered Agent signature require				DATE ANI	DIDECT	ODC (N. 12
12.		D DIRECTORS	13.			l	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	STVP	-		1,1 TITLE 1,2 NAME						
NAME	GUTIERREZ, JOSE A JR		· ·			Ì				ì
STREET ADDRESS	4604 W CURTIS				ADDRESS					
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP					☐ Change	Addition
TITLE	PD"	-		,1 TITLE					□ Change	
NAME	GUTIERREZ, JOSE A SR.		2,2 NAME		İ					
STREET ADDRESS	4604 W. CURTIS			2.3 STREET ADDRESS						
C/TY-ST-ZIP	TAMPA FL				CITY-ST-ZIP				Change	Addition
TITLE	,	☐ DELETE	3.1 TITLE		l			Change	☐ Addigot:	
NAME				3.2 NAME		!				
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS						
C/TY-ST-ZIP				3.4. CITY-ST-ZIP						T Addition
TITLE		☐ DELETE	4.1 TF						☐ Change	☐ Addition
NAME			4. 2 N	AME.						}
l			4201	DEET	ADDDCCC	1				

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TI7LE

NAME

TTLE

NAME

Change

☐ Change

☐ Addition

☐ Addition