

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90083 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H56736**

1. Corporation Name  
**ROB'S TRUCKING, INC.**



Principal Place of Business  
 5010 3RD AVENUE, NW  
 NAPLES FL 33999

Mailing Address  
 5010 3RD AVENUE, NW  
 NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1985**

4. FEI Number  
**59-2562603**

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 **5010 Coral Wood Dr**

22 Suite, Apt. #, etc.

23 **Naples, FL**

24 **34119** 25 **USA**

2a. Mailing Address

26 **5010 Coral Wood Dr**

27 Suite, Apt. #, etc.

28 **Naples, FL**

29 **34119** 30 **USA**

9. Name and Address of Current Registered Agent

**LEBEN, ROBERT S.**  
**5010 3RD AVE., NW**  
**NAPLES, FL FL 33999**

10. Name and Address of New Registered Agent

81 Name **Leben, Robert S.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5010 Coral Wood Dr**

83

84 City **Naples, FL** 85 Zip Code **34119**

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 Susan Leben Susan Leben Secretary DATE 4-27-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEN, ROBERT S.	1.2 NAME	Leben, Robert S.
STREET ADDRESS	5010 35RD AVE., NW	1.3 STREET ADDRESS	5010 Coral Wood Dr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL. 34119
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEN, SUSAN	2.2 NAME	Leben, Susan
STREET ADDRESS	5010 3RD AVENUE NW	2.3 STREET ADDRESS	5010 Coral Wood Dr.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL. 34119
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Susan Leben Susan Leben Secretary DATE 4-27-99 Daytime Phone # 941-353-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)