## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION

NAME

SIRSEL ADDRESS

CUTY-ST ZIF



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham

ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS				ONS							
DOCU	MENT # <b>J726</b> 2	26 (1)									
1	SURE COAST VETERANS	TRUCKING, INC.									
Principa' Place	e of Business	Mailing Address				FIPBIND DNA N	8818 IIJES BIIID IIJ	a dili bibik dadi	I DIBH BIBH		
	WY 19 NORTH FOR FL 34684	38567 US HWY 19 N PALM HARBOR FL 3									
						3. Date Incorporat 05/13/198		3a. Date 04	of Last R		
2. Principal Pi 21	lace of Business	2a. Mailing Address 26	t erg			4, FEI Number 59-2808	748		F +-	Applied For Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of St	atus Desired	Ü		Additional Required	
Oity & State	e	City & State				<b>6.</b> Election Campa Trust Fund Con				<b>0</b> May Be d to Fees	
Zip <b>24</b>	Country 25	Ζφ. <b>29</b>	Co.	intry		8. This corporation Florida Statutes	_ #	intangible ta No	x under s	199.032,	
	9. Name and Address of Curr	rent Registered Agent		81		10. Name and Ad	dress of New F	Registered /	\gent		
WHEEL	OCK, GARY K.				Name			- <b></b>			
	38567 US HIGHWAY 19, NORTH				Street Add	iress (P.O. Box Number	ss (P.O. Box Number is Not Acceptable)				
	IARBOR FL 34684			83							
				84	City				85 Zij	o Code	
11 Director	to the provinces of Costines CO7.05	00 1007 1500 11			,	·		<u>FL</u>			
or register	to the provisions of Sections 607.05 red agent, or both, in the State of Fic th, and accept the obligations of, Sc	orida. Such change was authori potice 607,7505. Electe Statute	tes, the abo zed by the i	ove-r	iarned corpo oration's boo	ration submits this state and of directors. Thereby	rnent for the pur accept the app	rpose of cha ointinent as	ng ng its r registered	egistered office agent. Lam	
SIGNATURE	eri, and accept the congenions of, or	scalori 607.0505, Horida Statute	a.								
	Signature, typed or printed name of registered ag			A,rı	18 gradure Scenic	ol where neredating		DATE			
12. Ti*Lf	OFFICERS A	AND DIRECTORS	13.		1	ADDITIONS/CH	ANGES TO OFF	·		~	
NAME	WHEELOCK, GARY K.	Florer		1. 1 Tofle				L	] Change	Addition	
STREET ADDRESS	38567 US HWY 19 NORTH	ł	1.2 NAM 1.2 S164		ADDRESS						
CHY SI Z.P	PALM HARBOR FL		140								
TITLE	V	DELE 1E		2 1 10116		· · · · · · · · · · · · · · · · · · ·			] Change	Addition	
NAME:	WHEELOCK, NANCY J.		22 N	AME							
STREET ADDRESS	PALM HARBOR FL		238	REET	ADDHESS.						
CITY - ST - ZIP			2.4 CITY - ST - ZIP								
TILE		☐ DELFTE	3 1 1					Г.	] Change	Add tion	
NAME Court Laboration			32 N								
STHEFT ADDRESS CITY ST ZIP					ADDRESS						
TITLE		DELFIE	3.4 CI 4.1 T		10"			···	l Change	Addition	
NAME	421					Change A					
STREET ADDRESS					ADDRESS						
0:TY-\$1-7IP			4.4.01		1						
TITLE		DELETE			<del>-  </del>				Change	Addition	
NAME			5 2 N	ME							
STREET ADDRESS			538	Raet.	ADDRESS						
CITY-ST-7IP			54C								
TITLE		[] DELFTÉ	6 1 T	TLF					Change	Addition	

14. I do hereby cortify that the information supplied with this filing is voluntarily functioned and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 64 CPY-ST-ZP

3/29/96

813-937-2727 Daytine Stone #

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