

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90245 043 ***150.00

0613284

DOCUMENT # J76629

1. Corporation Name
CONRAD TRUCKING SERVICE, INC.

Principal Place of Business

392 MIDWAY RD
~~5001 STARR AVENUE~~ Delete this line
FORT PIERCE FL 34982
US

Mailing Address

392 MIDWAY RD
~~5001 STARR AVENUE~~ Delete this line
FORT PIERCE FL 34982
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1987

4. FEI Number
59-2807360

Applied For
Not Applicable

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

21 392 MIDWAY ROAD

Suite, Apt. #, etc.

22 City & State
FORT PIERCE FL

23 Zip
34982

24 Country
ST LUCIE

2a. Mailing Address

26 392 MIDWAY ROAD

Suite, Apt. #, etc.

27 City & State
FORT PIERCE FL

28 Zip
34982

29 Country
ST LUCIE

9. Name and Address of Current Registered Agent

CONRAD, JOHN L., JR.
392 MIDWAY ROAD
FORT PIERCE FL 34982

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME CONRAD, JOHN L., JR. *change*

STREET ADDRESS ~~5001 STARR AVENUE~~

CITY-ST-ZIP FORT PIERCE FL

TITLE STD ☐ DELETE

NAME CONRAD, DRUCILLE V. *change*

STREET ADDRESS ~~5001 STARR AVENUE~~

CITY-ST-ZIP FORT PIERCE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 392 midway Road

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 392 midway Road

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

John Conrad Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Conrad Jr

4/15/99

561-461-1979

Date

Daytime Phone #

CR2E034 (11/98)