**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 100904

1. Corporation	T TRUCKING, INC.						
Principal Place	e of Business	Mailing Address		[	F MANSA MANAN MANAK MA	IRII ATRII IAA	
1720 N ANHINGA LANE 43 NORTHEAST 15TH STREET HOMESTEAD FL 33035		1720 N ANHINGA LANE  10-NORTHERSE-14-TH-ETT  HOMESTEAD FL 33035		DO NOT WRITE IN THIS SPACE			
US		U\$		3. Date Incorporated or Qualifed			
_				09/03/1987		" 15"	ł
2. Principal Pl	lace of Business	2a, Mailing Address		4. FEI Number		olied For Applicable	1
21	4 -1-	Suite, Apt. #, etc.		65-0005514 -	\$8.75 A		1
Suite, Apt.	#, etc.	<b>—</b>		5. Certificate of Status Desired	Fee Red		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	1
23		28		Trust Fund Contribution	Added to		]
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible		1-
24	25	29 3	10	Personal Property Tax.	Yes	□No _	ļ
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent		ļ
			81 Name	THOMAS TOOBERT			
-HAX	SON, CARL		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			1
48 N	E 15TH STREET		170	20 N. Anthinga CAN	<u>, e</u>		{
HOW	<u>ESTRAD FL 33030</u> -		[83]		,		ļ
<			84 City /	/T -> =	85 ZID C	<b>3</b> 35	╄-
_			1	OMESTEAD F	L   32	000	ĺ
11. Pursuant office of the agent Lai	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was auti	i, the above-named co horized by the corpora to Station	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	istered	ł
Ogorii. 1 c.		ions of, Section 607.0000, Fibrio	ia Statutes.	2.11. 90	-		1
SIGNATURE	Thomas Turkeet		agistered Agent algosture requ	2-16-93	·		í
SIGNATURE	Signature, Typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R		2-16-93			1/98)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	agistered Agent algusture requ	2-16-98 DATE	ND DIRECTOR	RS IN 12	(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title If applicable. (NOTE: R	ngistered Agent algresture requ	2-16-98 DATE			134 (11/98)
SIGNATURE  12.  TILE	Signature. Spreed or priviled name of registered agent OFFICERS AND PVD	and title If applicable. (NOTE: R	13.	2-16-98 DATE			2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature. Speed or printed name of registered agent OFFICERS AND PVD TORBERT, THOMAS M.	and title if applicable. (NOTE: R D DIRECTORS	egistered Agent algristure required.  13. 1.1 TITLE 1.2 NAME	2-16-98 DATE	☐ Change	Addition	3R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, Speed or printed name of registered agent OFFICERS AND PVD TORBERT, THOMAS M.  1701 N. ANHINGA LANE	and title If applicable. (NOTE: R	agistered Agent algrature requ 13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS	2-16-98 DATE			2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Sylvania Synd or printed name of registered agent OFFICERS AND PVD TORBERT, THOMAS M. 1701 N. ANHINGA LANE HOMESTEAD FL	and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	2-16-98 DATE	☐ Change	Addition	2E034 /
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, Speed or printed name of registered agent OFFICERS AND PVD TORBERT, THOMAS M. 1701 N. ANHINGA LANE HOMESTEAD FL SNT	and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	2-16-98 DATE	☐ Change	Addition	2E034 /
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	Signature. Speed or printed name of registered agent OFFICERS AND PVD TORBERT, THOMAS M. 1701 N. ANHINGA LANE HOMESTEAD FL SNT TORBERT, MICHELLE	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2-16-98 DATE	☐ Change	Addition	2E034 /
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sylvania Direct Sylvania Sylva	and title if applicable. (NOTE: R D DIRECTORS	13. 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	2-16-98 DATE	☐ Change	Addition	2E034 /
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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 cath; 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: TRANSCORPHITED AME OF SIGNING OFFICER OF DIRECTOR

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90127 036 \*\*\*150.00