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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J94720

ENTERPRISE TRUCK BROKERS, INC.

Principal Place of Business		Mailing Address				- FINDERLIN DIEG FARTE EIN GENEU TENER DI	iti Albii Aldit Bibli Atali	B1811 81911 1981
1300 S. FRENCH AVE		1300 S. FRENCH AVE					•	
BOX 6-A		BOX 6-A SANFORD FL 32771 US			DO NOT WRITE I	N THIS SPACE		
SANFORD FL 32771 US					3. Date Incorporated or Qualifed			
1 00		00				09/30/1987		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				59-2848468	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27				O. COMMONIO S. CLARGE COMMON	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23	O. Water	28		untry		Trust Fund Contribution		to Fees
Zip	Country	Zip	30	ariu y		This corporation owes the current Personal Property Tax.	year intangible ☐ Yes	□No
24	9. Name and Address of Current		30			10. Name and Address of New Regi		
		<u> </u>		81 Na	me			
TUCKER, DONALD			82 Street Address (P.O. Box Number is Not Acceptable)		<u> </u>			
	S. FRENCH AVENUE			02 011	cet Addio	as (1.0. Box 14amber la 14ct / locapidatio	, 	
(BOX 6-A) SANFORD FL 32771				83				
				84 Cit	v	* * * * * * * * * * * * * * * * * * * *	85 Zip	Code
							FL	
COS office or re	opistered agent, or both, in the State of	t Florida. Such change was a	authonzeo	d by the o	corporation	pration submits this statement for the pur	e appointment as re	gistered
i i∆ ≱agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	onda Stat	tutes.				
SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stat	tutes. d Agent signa		when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered egent OFFICERS AND	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	Registered	tutes. d Agent signa			DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered egent OFFICERS AND PST	ons of, Section 607.0505, Flo	Registered	d Agent signa		when reinstating)	DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PST TUCKER, DONALD	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	E: Registered 13. 1.1 Ti 1.2 No	d Agent signa	ture required	when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PST TUCKER, DONALD 151 SPRINGHURST CIRCLE	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	13. 1.1 TI 1.2 NI 1.3 S	d Agent signa TITLE TREET ADDA	ture required	when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PST TUCKER, DONALD 151 SPRINGHURST CIRCLE LAKE MARY FL	ons of, Section 607.0505, Flo and title if applicable. (NOTE D DIRECTORS	13. 1.1 TI 1.2 NI 1.3 S	d Agent signa TILE IMME TREET ADDF	ture required	when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered egent OFFICERS AND PST TUCKER, DONALD 151 SPRINGHURST CIRCLE LAKE MARY FL V	ons of, Section 607.0505, Fig. and title if applicable. (NOTE D DIRECTORS	: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 C	d Agent signs ITLE IAME ITREET ADDR	ture required	when reinstating)	DATE ERS AND DIRECTO ☐ Change	DRS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered egent OFFICERS AND PST TUCKER, DONALD 151 SPRINGHURST CIRCLE LAKE MARY FL V TUCKER, LINDA	ons of, Section 607.0505, FIG. and title if applicable. (NOTE D DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S' 1.4 C 2.1 TI 2.2 N.	d Agent signs ITLE IAME ITREET ADDR	ture required	when reinstating)	DATE ERS AND DIRECTO ☐ Change	DRS IN 12 ☐ Addition
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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.

Donald Tucker

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90005 032 ***150.00

407-330-1934