

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90002 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **K73196**

1. Corporation Name
A & F TRUCKING OF PASCO, INC.



Principal Place of Business
**13620 ALLYN DR.
 HUDSON FL 34667**

Mailing Address
**13620 ALLYN DR.
 HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 8533 Lafitte Drive
 Suite, Apt. #, etc.
22
 City & State
23 Hudson, FL
 Zip Country
24 34667 25 U.S.

2a. Mailing Address
26 P.O. Box 7280
 Suite, Apt. #, etc.
27
 City & State
28 Hudson, FL
 Zip Country
29 34674 30 U.S.

3. Date Incorporated or Qualified
03/16/1989

4. FEI Number
61-1070872
 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

9. Name and Address of Current Registered Agent
**BLACKBURN, FREDDIE D
 13620 ALLYN DRIVE
 HUDSON FL 34667**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8533 Lafitte Drive
83
84 City **Hudson** **FL** **85 Zip Code** **34667**

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BLACKBURN, FREDDIE D
STREET ADDRESS	13620 ALLYN DRIVE
CITY-ST-ZIP	HUDSON FL 34667
TITLE	STD <input type="checkbox"/> DELETE
NAME	BLACKBURN, ARLIS
STREET ADDRESS	13620 ALLYN DRIVE
CITY-ST-ZIP	HUDSON FL 34667
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8533 Lafitte Drive
1.4 CITY-ST-ZIP	Hudson, FL 34667
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8533 Lafitte Drive
2.4 CITY-ST-ZIP	Hudson, FL 34667
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ardis Blackburn (Ardis Blackburn) 4/12/99 727-569-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)