## 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

## DOCUMENT # K74200 1. Corporation Name

P & G TRUCKING COMPANY, INC.

, 441	IOOMINA OOMI ANTI INO						
Principal Place	Mailing Address			1 Indiana are seen and a seen a s			
% SAM J. PALMER % SAM J. PALMER							
1225 BERRY ST. 1225 BERRY ST. QUINCY FL 32351 QUINCY FL 32351					DO NOT WRITE IN THIS	SPACE	
QUINCY FL 32351 QUINCY FL 32351					3. Date Incorporated or Qualifed		
					02/24/1989		
2. Principal Place of Business 2a. Malling Address					4. FEI Number	Apr	olied For
21 26		<u> </u>			59-2921242	Not	Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27	27		5. Certifcate of Status Desired	Fee Rec	quired
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	Fees	
Zip Country		<u> </u>	· -		8. This corporation owes the current year Int		ا ا
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Currer	ıt Registered Agent	-	T	10. Name and Address of New Registered	Agent	
DALMED CAM I			81	Name			
PALMER, SAM J.				Street Addr	dress (P.O. Box Number is Not Acceptable)		
1225 BERRY ST. QUINCY, L 32351							
QUIIV	IC1, L 32331		83				
			84	City	FL	85 Zip C	ode
				L		a	gietorad
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							
0.0	Signature, typed or printed name of registered age			nt signature require	od when reinstating) DATE	ID DIDEOTO	DC IN 12
12.			13.	- 1	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PD	☐ DELETE. 1.1 TI					[_] Addition
NAME	PALMER, SAM J.	1.2 N		-			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	QUINCY FL			T-ZIP		☐ Change	Addition )
TITLE	VD		2.1 TITLE			☐ Citalige	
NAME	GIBBO, EINBACE.		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
· CITY-ST-ZIP	QUINCY FL 32351_			ST-ZIP		Change	Addition
TITLE	STD	_	3.1 TTTLE			C) cuarde	
NAME	PALMER, PAUL E.						-
STREET ADDRESS	.220 02:1111 01:			TADDRESS			
CITY-ST-ZIP	QUINCY FL		3.4. CITY-	ST-ZIP		☐ Change	Addition
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NAME			4. 2 NAME				ļ
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NAME				TADDESS			ļ
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP	Document 61T		5.4 CITY-S 6.1 TITLE	01-ZIP		☐ Change	Addition
TITLE			6.2 NAME				
NAME				TADDDEED			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

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Apr 20, 1999 8:00 am Secretary of State

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