


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

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

03-22-1999 90011 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L62866					
1. Corporation Name TOMTODD TRUCKING, INC.					
Principal Place of Business C/O THOMAS E. CANTRELL 1511 W DAUGHTERY RD LAKELAND FL 33810 US			Mailing Address C/O THOMAS E. CANTRELL 1511 W DAUGHTERY RD LAKELAND FL 33810 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2629 W. Sacrum Loop Rd.		26 2629 W. Sacrum Loop Rd.		04/02/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3006219	
City & State		City & State		Applied For	
23 Lakeland, Florida		28 Lakeland, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33810 25 POIK		29 33810 30 POIK		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
CANTRELL, THOMAS E. 1511 DAUGHTERY ROAD LAKELAND FL 33809				<input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes the current year intangible Personal Property Tax.	
SIGNATURE				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature, typed or printed name of registered agent and title if applicable.				10. Name and Address of New Registered Agent	
(NOTE: Registered Agent signature required when reinstating)				81 Name	
DATE				Thomas E. Cantrell	
12. OFFICERS AND DIRECTORS				82 Street Address (P.O. Box Number is Not Acceptable)	
1.1 TITLE <input type="checkbox"/> DELETE				2629 W Sacrum Loop Rd	
NAME				83	
STREET ADDRESS				84 City	
CITY-ST-ZIP				Lakeland FL	
1.2 NAME				85 Zip Code	
1.3 STREET ADDRESS				33810	
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE



SIGNATURE:

Thomas E. Cantrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 99 941-8587372
Date Daytime Phone #

CR2E034 (1/98)