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 # L63267 1. Corporation Name

HUSSEMANN TRUCKING, INC.

Principal Place of Business 3032 RIDGE VALE CIR VALRICO FL 33594-5649 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/3 1/1990 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/3 1/1990 4. FEI Number Sp-3002427 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Require \$8.75 Addition Fee Require \$5.00 May
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28 Trust Fund Contribution Added to Fe
Zip Country Zip Country 8. This corporation owes the current year Intaggible
24 25 29 30 Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HUSSEMANN, RICHARD J
3032 RIDGE VALE CIR 82 Street Address (P.O. Box Number is Not Acceptable)
MALPICO EL COSCA
VALRICO FL 33594 83
84 City 85 Zip Code
FL 63 Zip code
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Addition

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90086 016 ***150.00