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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L69067

1. Corporation Name

ROBERTS TRUCKING, INC.



Principal Place of Business Mailing Address 16240 SAM C RD P.O BOX 832 **BROOKSVILLE FL 34613 BROOKSVILLE FL 34605** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/30/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3008111 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired - 🗆 Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible [ZHO 30 ☐ Yes Personal Property Tax. PNAN D 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROBERTS, E.L. Street Address (P.O. Box Number is Not Acceptable) 82 16240 SAM C RD **BROOKSVILLE FL 34605** 83 Zip Code 85 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TIT) F ROBERTS, E.L. 1.2 NAME NAME 16240 SAM C RD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition DVST 2.1 TITLE TITLE ROBERTS, DARLENE 2.2 NAME NAME 16240 SAM C ROAD 2.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34605** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition **41** TITI F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 suppliemental 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:

4/28/99 352-796-2698

CR2E034 (11/98)