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Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L69339**

E & D GILBERT TRUCKING, INC.

Principal Place of Business Mailing Address 154 GILBERT ROAD UNIT A 154 GILBERT ROAD UNIT A P.O. BOX 151 P.O. BOX 151 DO NOT WRITE IN THIS SPACE EAST PALATKA FL 32131 EAST PALATKA FL 32131 3. Date Incorporated or Qualifed 04/27/1990 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable <u>59-3011548</u> 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip This corporation owes the current year Intangible Zip Country  $\Box$ No Personal Property Tax. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GILBERT, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 82 10 GILBERT LANE EAST PALATKA FL 32131 83 R4 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TILE 1.2 NAME NAME GILBERT, ELBERT 10 GILBERT LANE 1.3 STREET ADDRESS STREET ADDRESS EAST PALATKA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE GILBERT, DOROTHY 2.2 NAME NAME 10 GILBERT LANE 2.3 STREET ADDRESS STREET ADDRESS EAST PALATKA FL 2. 4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change DELETE TITLE

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)