

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murchain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L83447** (7)

1. Corporation Name  
**A. CONTRERAS TRUCKING, INC.**



Principal Place of Business

802 MONROE ST  
P O BOX 333  
IMMOKALEE FL 33934  
US

Mailing Address

802 MONROE ST.  
P O BOX 333  
IMMOKALEE FL 33934

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CONTRERAS, ANASTACIO  
802 MONROE ST.  
IMMOKALEE FL 33934

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
**06/25/1990**

3a. Date of Last Report  
**11/20/1995**

4. FFI Number  
**65-0204348**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0002 and 607.1502, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0003, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE: PD NAME: CONTRERAS, ANASTACIO STREET ADDRESS: 802 MONROE ST. CITY-STATE-ZIP: IMMOKALEE FL</p> <p>TITLE: STD NAME: CONTRERAS, GLORIA STREET ADDRESS: 802 MONROE ST. CITY-STATE-ZIP: IMMOKALEE FL</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p> <p>TITLE: [ ] DELETE</p>	<p>1. TITLE: [ ] Change [ ] Addition</p> <p>2. TITLE: [ ] Change [ ] Addition</p> <p>3. TITLE: [ ] Change [ ] Addition</p> <p>4. TITLE: [ ] Change [ ] Addition</p> <p>5. TITLE: [ ] Change [ ] Addition</p> <p>6. TITLE: [ ] Change [ ] Addition</p> <p>7. TITLE: [ ] Change [ ] Addition</p> <p>8. TITLE: [ ] Change [ ] Addition</p>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 affidavit with an address.

SIGNATURE: *Anastacio Contreras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANASTACIO CONTRERAS**

, PD, 941-290-2072

CR2E034 (12/95)