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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 # **L86568** ✓ok

1. Corporation Name

WAYNE CARR TRUCKING, INC.

Principal Place of Business

Mailing Address

**30499 N. HWY. 441
OKEECHOBEE, FL 34972**

**30499 N. HWY 441
OKEECHOBEE, FL 34972**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

2. Principal Place of Business

2a. Mailing Address

30499 N. HWY. 441

30499 N. HWY. 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **OKEECHOBEE, FL 34972**

28 **OKEECHOBEE, FL 34972**

24 Zip

25 **OKEECHOBEE**

29 **34972**

30 **OKEECHOBEE**

4. FEI Number

65-0210606

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, WAYNE E.
30499 N. HWY. 441
OKEECHOBEE, FL 34972**

81 Name

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

83

84 City

FL

85 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

Wayne E. Carr

Wayne E. Carr

4/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CARR, WAYNE E.	1.2 NAME	
STREET ADDRESS	30499 N. HWY 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	1.4 CITY-ST-ZIP	
TITLE	VTDS	2.1 TITLE	
NAME	CARR, CYNTHIA L.	2.2 NAME	
STREET ADDRESS	30499 N. HWY 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	2.4 CITY-ST-ZIP	
TITLE	CARR, ROGER S.	3.1 TITLE	
NAME	30499 N. HWY 441	3.2 NAME	
STREET ADDRESS	OKEECHOBEE, FL 34972	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Cynthia L. Carr

Cynthia L. Carr

5/5/99

941-467-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)