FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M40074



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90053 001 ***150.00

1. Corporation	TRUCKING, INC.	•								
Principal Place of Business Mailing Address						1	1 1 40100 151 (0) 12010 (0(60 102))	INDIE BIOL BIO	() AIÑI B(BI) BIDII (BIBIT BIBIT (BBI
7811 LAWRENCE RD PO BOX 16365 LANTANA FL 33462 W PALM BCH FL 33416 US US							DO NOT W	RITE IN TH	IIS SPACE	
						3	Date Incorporated or Qualife 08/28/1985	d		ļ
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number		Ap	plied For
26							59-2574687		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	. Certifcate of Status Desired		\$8.75	(
22		27					. Certificate of States Desired		Fee Re	quired
City & State	е	City & State				6	 Election Campaign Financin Trust Fund Contribution 	9 🗆	\$5.00 Added 1	
Zip	Country 25	Zip 3	¬ `			8	. This corporation owes the corporate Property Tax.	ırrent year	Intangible □ Yes	ØN°
	9. Name and Address of Curren		<u> </u>			10	. Name and Address of Nev	Registere	d Agent	
				81	Name					
Cromartie, John H.			ŀ	82	Street Addre	cs /	P.O. Box Number is Not Acce	ntable)		
7811 LAWRENCE RD			62 Street Add				T.O. DOX HOMBON TO THE FROM			
LANTANA FL 33462			[83						
			ł	84	City		• • • • • • • • • • • • • • • • • • • •		. 85 Zip (Code
					•			F	L	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized	руг	tne corporatior	ratio n's b	on submits this statement for the locard of directors. I hereby acc	ept the app	of changing its pointment as re	registered gistered
SIGNATURE										
		E: Registered Agent signature required			when		DATE	AND DIDECTO	DC IN 12	
12.	OFFICERS AND DIRECTORS DP DELETE		13. 1.1 TITLE				ADDITIONS/CHANGES TO C	JFFICERS.	Change	Addition
TITLE	Cromartie, John H.	1.1 N								
NAME	7811 LAWRENCE RD				ADDDECC					}
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	SD DELETE			2.1 TITLE			•		☐ Change	☐ Addition
NAME	CROMARTIE, BETTY LOU			2.2 NAME					_ ·	_ {
STREET ADDRESS	7811 LAWRENCE RD		2.3 STREET ADDRESS							
CITY-ST-ZIP	LANTANA FL		2.4 CITY-ST-ZIP							
TITLE	D DELETE		3.1 TITLE						☐ Change	☐ Addition
NAME	CROMARTIE, JOHN H, JR	•		3.2 NAME						
STREET ADDRESS	7811 LAWRENCE RD		3.3 STREET ADDRESS							
CITY-ST-ZIP	************		3.4. CF	Y-S1	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME			4.2 NAME							
STREET ADDRESS	4.3		4.3 STI	4.3 STREET ADDRESS			,			4
CITY-ST-ZIP			4.4 CtT	Y-ST	-ZIP		<u>-</u>	,		
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME				5.2 NAME				•		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP							}
CITY-ST-ZIP					- ZIP				☐ Change	Addition
TITLE		☐ DELETE	6.1 TIT					•	□ cuange	
NAME			li .		ADDRESS					

6.4 CITY-ST-ZIP 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.

BETTY LOU CROMARTIE SECRETARY

SIGNATURE:

#561-965-0547