

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90115 042 ***150.00

DOCUMENT # M21005

1. Corporation Name

TRA-LIN TRUCK BROKERS, INC.

Principal Place of Business

**557 CONSTRUCTION LANE
LEHIGH ACRES FL 33936
US**

Mailing Address

**P.O. BOX 39
LEHIGH ACRES FL 33970
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1985

4. FEI Number

59-2686658

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFSON, DAVID A.
15321 S DIXIE HWY, SUITE #209
MIAMI FL 33157**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **OLDING, CLAYTON**

STREET ADDRESS **11 ILLINOIS RD.**

CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **SDT** ☐ DELETE

NAME **OLDING, LINDA**

STREET ADDRESS **11 ILLINOIS RD.**

CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **VP** ☐ DELETE

NAME **OLDING, TRACY**

STREET ADDRESS **11 ILLINOIS ROAD**

CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition

12 NAME **Clayton Olding**

13 STREET ADDRESS **688 Milwaukee Blvd.**

14 CITY-ST-ZIP **Lehigh Acres, FL 33936**

21 TITLE **SDT** ☒ Change ☐ Addition

22 NAME **Linda Olding**

23 STREET ADDRESS **688 Milwaukee Blvd.**

24 CITY-ST-ZIP **Lehigh Acres, FL 33936**

31 TITLE **VP** ☒ Change ☐ Addition

32 NAME **Tracy Olding Nault**

33 STREET ADDRESS **142 Carlisle Ave. S.**

34 CITY-ST-ZIP **Lehigh Acres FL 33936**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

941-369-2000

Daytime Phone #

CR2E034 (11/98)