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 Jun 09, 1999 8:00 am **Secretary of State**

06-09-1999 90025 011 ***150.00

DOCUMENT # 1. Corporation Name	M73449

1. Corp OTIS TRUCKING COMPANY, INC.

Principal Place of Business % OTIS D. SHUMATE. SR

Mailing Address % OTIS D. SHUMATE, SR

AUBURNDALE FL 33823 AUBURNDALE FL 33823			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 03/23/1988			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-2876470	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25		ountry	This corporation owes the current year li Personal Property Tax.	ntangible No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
SHUMATE, OTIS D., SR.		81 Name				
1458 JOHNSON RD.		82 Street Addre	32 Street Address (P.O. Box Number is Not Acceptable)			
AUBURNDALE FL 33823		83				
		84 City	F	85 Zip Code		
11 Diversant to the assurations of Coctions 607 (0502 and 607 1508 Florida Statutes the	above-named corno	ration submits this statement for the purpose (of changing its registered		

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 registere 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 ap	nlicable (NOTE: P.	egistered Agent signature require	d when reinstation!	DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ OELETE	1.1 TITLE		☐ Change	Addition
NAME	SHUMATE, OTIS D., SR		1.2 NAME			
STREET ADDRESS	ALCO TOTALOGOU DO		1.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	SHUMATE, BOBBIE JEAN		2.2 NAME			
STREET ADDRESS	1458 JOHNSON RD.		2,3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3,1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS.			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #