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03-06-1999 90123 050 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M75901

1. Corporation Name

MIKE DELASHMET HAULING, INC.							4 140010021 (2) 18 <b>301 0</b> 211 <b>0</b> 1 <b>0</b> 311	ANNI KAH DIRKI A	1811 BIBII BIBII 8!	
						1				
Principal Place	of Business	Mailing Address					i i <b>stindi</b> li in i <b>n in</b> antia inii	ADIDI LIDE DIREL D	1811 81811 AIR11 AI	(BIS BIBIL (BBI
% MIKE DELASHMET         % MIKE DELASHMET           420 16TH ST. S.E.         420 16TH ST. S.E.           NAPLES FL 34117         NAPLES FL 33964							1 2, 3 =141	RITE IN THIS	SPACE	
US						3.	. Date Incorporated or Qualife	ed		
							04/08/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number			plied For
21		26					65-0050326		\$8.75 A	t Applicable
Suite, Apt.	·	Suite, Apt. #, etc.				5	. Certifcate of Status Desired		Fee Re	quired
City & State City & State						6	. Election Campaign Financin	g 🗀	\$5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Coun	itry		8	. This corporation owes the c	urrent year Int		<b>™</b> No
24	25	T   T   T   T   T   T   T   T   T   T	30				Personal Property Tax.  Name and Address of New	. Dogiotorod		JAINO
	9. Name and Address of Curre	ent Registered Agent		81	Name	10	Name and Address of Nev	v Kegistereu_	Agein	
DELASHMET, MIKE				۱,		_				
420 16TH ST. S.E.				82	Street A	Address (I	P.O. Box Number is Not Acce	ptable)		
NAPLES FL 33999				83	-					1
				84	City			FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove	-named o	corporatio	on submits this statement for t	he purpose of	changing its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was all	norizea	DV I	tne corbo	ration's b	operation of directors. I hereby act	cept the appoi	ntment as reg	gistered
SIGNATURE		AIOTE 6	Domintornal /	A	t signature re	auirad when	reinetating)	DATE		
12.	Signature, typed or printed name of registered ag	IND DIRECTORS	13,	ngen	t signature re	Adirea Wilei	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 T/N	LE					Change	Addition
NAME	DELASHMET, MIKE		1.2 NAJ	ME						}
STREET ADDRESS	420 16TH ST. S.E.		1.3 STF	TREET ADORESS						
CITY-ST-ZIP			14 CIT	14 CITY-ST-ZIP						
TITLE				2.1 TITLE					☐ Change	☐ Addition
NAME	2.2		2.2 NA	2.2 NAME						l
STREET ADDRESS	2		2.3 STF	2.3 STREET ADDRESS						
CITY-ST-ZIP	2		2.4 CIT	2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE 3.1		3.1 TITI	LE			•		☐ Change	☐ Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CiTY-ST-ZIP	3.4.			3.4. CITY-ST-ZIP						
TITLE	☐ DELETE 4.1			4.1 TITLE					Change	Addition
NAME	4.2		4.2 NA	4. 2 NAME						
STREET ADDRESS	4.33		4.3 ST	4.3 STREET ADDRESS						
CITY-ST-ZIP				1.4 CITY-ST-ZIP			• <del></del>			
TITLE		☐ DELETE	5 1 TITI						Change	Addition
NAME			5.2 NA					•		
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		r-zip					
TITLE		☐ DELETE	6.1 ππ						☐ Change	☐ Addition
NAME			6.2 NA							
			0 0 OT	DEET	ADDRESS					t t

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 of 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 attachnient with an appropriate with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS