

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M81042** (7)

1. Corporation Name
UHEL POLLY HAULING, INC.



Principal Place of Business
**2700 NW 33RD ST
POMPANO BEACH FL 33069
US**

Mailing Address
**2700 NW 33RD ST
POMPANO BEACH FL 33069
US**

3. Date Incorporated or Qualified **05/16/1988** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0063510		Applied For ☐ Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No			
24		25		29		30	

9. Name and Address of Current Registered Agent

**POLLY, UHEL, II
2700 N.W. 33 ST.
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	POLLY, LINDA	12 NAME	
STREET ADDRESS	2700 N.W. 33 ST	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	14 CITY-ST-ZIP	
TITLE	DVT ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	POLLY, UHEL II	22 NAME	
STREET ADDRESS	2700 N.W. 33 ST	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	24 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Linda Polly* **LINDA POLLY PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 **9549713870**
Date Daytime Phone #

CR2E034 (12/95)