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 #

1. Corporation Name

P92000004886 (7)

FISHH	OOK TRUC	KING CO.								
Principal Place of Business Mailing Address]	4411 4 6 113 5 6 111 4 6 111 1	1881 18181 19119	AIG IANG
RT 3 BOX 1260 WOODLAND CIRCLE W. CALLAHAN FL 32011			RT 3 BOX 1260 WOODLAND CIRCLE W. CALLAHAN FL 32011							
							3. Date Incorporated or Qualified 3a. Date of Last Report			
							11/16/1992	05/0)1/1995	
2. Principal Plac			2a. Mailing Addres				4. FEI Number		Applied	
21 523	W Hill	1500rough	26 523	W H	<u>11156</u>	brough	59-3183056		Not App	
Suite, Apt. #,	, etc.	3	Suite, Apt. #,			J	5. Certificate of Status Desired	1 1 7	3.75 Additio	
22 AVE	nue		27 Aven	<u>ue</u>					Fee Require	
City & State	a Home	Florida	City & State 28 Flora	Home	- F	Torida	Election Campaign Financing Trust Fund Contribution		5.00 May Added to Fee	es
Zip		Country	Zip		Country		8. This corporation has liability for		ders 199.03	32,
24 32	140 25	แร	29 321	O 30	<u>u</u>	5	. 10.101. 010.010	s No		
	9. Name and	Address of Current	Registered Agent				10. Name and Address of New I	Registered Ager	<u>t</u>	
					81	Name				
VUKAS, RANDELL L						Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
2932 OLSON LN. N.										
JACKSONVILLE FL 32210										
5,10115					84	City		85	Zio Code	
						'		FL °	<u> </u>	
or roaintoro	ed accord for both	of Sections 607.0502 a , in the State of Florida e obligations of, Sectio	i. Such change was a	umonzea ov	e above- the corp	named corpora poration's board	tion submits this statement for the put of directors. I hereby accept the app	irpose of changin pointment as regis	g its registere itered agent.	l am
SIGNATURE _	Stand as bood or eric	ted name of registered agent ar	nd title if annicable	INOTE: Rec	gistered Age	nt signature required	when reinstating)	DATE		
12.	Signature, types or print	OFFICERS AND			13.		ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTORS IN	12
TITLE	DP	0.1102.107.10	DELE	TE	1. 1 TITLE	1		☐ Cr	ange 🔲 A	Addition
NAME		RANDELL L			1.2 NAME					
STREET ADDRESS		SON LN. N.			1.3 STREE	1 ADDRESS				
CITY-SI-ZIP		WILLE FL 32210		1	1.4 CITY -	ST-ZIP				
TITLE	UNUNUU	TYREE I & VEG. 10	DELE	TE	2. 1 TITLE			[_] CI	iange 📋 A	Addition
NAME				ľ	2.2 NAME					
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TITLE			☐ DELE	TE	3 1 TITLE			□ CI	nange 🔲 A	Addition
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CITY-ST-ZIP					3.4 CITY -	ST-ZIP				
TITLE			☐ DELE	TE	4. 1 TiTLE				nange 🔲 /	Addition
NAME			_		4.2 NAME					
STREET ADDRESS					4.3 STREE	T ADDRESS				
1					4.4 CITY-					
CITY - ST - ZIP			☐ DELI	TE	5. 1 TITLE				hange 🔲 /	Addition
			_		5.2 NAME					

6.4 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 certify 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DESIGNA OR PRINTED NAME OF SIGNING DE

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

TITLE

NAME

DELETE

904-659-144Y Dayt ma Phone #

Addition

Change