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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9300007200 (7) HLS TRUCKING, INC.					 	: 18 44 00 14 0 844 2 18 10 14	i jk 11 (k) 11 (k) 1 0 (k)
Principal Place of Business Mailing Address 3315 YULE TREE DR EDGEWATER FL 32141 EDGEWATER FL 32141				**************************************			
					3. Date Incorporated or Qualified 01/22/1993	3a. Date of Last F 04/28/19	•
□		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					¢0.75		Not Applicable
27					5. Certificate of Status Desired	1 1	O Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		0 May Be	
Zip 4	Country 25	Zip Coun 29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	gistered Agent	
CMANEN	/ NAVARITA I		81	Name			
SWINEY, WANDA L 3315 YULE TREE DR			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
	ATER FL 32141		83				
			84	City			
				City	ration submits this statement for the purp		p Code
SIGNATURE	Signature, typiod or printed name of registered agen	Ton our .0000, Florida Statute	VOTE Registered Agen			DATE	
TITLE	PD	DELETE	13. 1. 1 TITLE		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTO	DRS IN 12
NAME	SWINEY, HAROLD L	LD L				Griange	□] A000001
STREET ADDRESS	3315 YULE TREE DR			ADDRESS			
CITY-ST-ZIP	EDGEWATER FL 32141		1.4 CITY - S 2. 1 TITLE	r- ZIP			
DTLE Name	STD Swiney, Wanda L	DELETE				☐ Change	Addition
STREET ADDRESS	3315 YULE TREE DR		2.2 NAME 2.3 STREET	4000coo			
CITY-ST-ZIP	EDGEWATER FL 32141		24 CITY-S				
TITLE			3. 1 TITLE	-211	: Change Addit		Addition
VAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	7778	DELETE	3.4 CITY - ST	- ZIP		Pina -	- Friedrich
AME			4. 1 THTLE 4.2 NAME			Change	Addition
STREET ADDRESS			4.2 NAME	ADDRESS			
DITY-ST-ZIP			4.4 CITY - ST				
ITLE			5 1 TITLE			Change	Addition
AME			5 2 NAME				
TREE1 ADDRESS			5.3 STREFT				
ITY-ST-ZIP ITLE		☐ DELETE	5.4 CITY-ST 6. 1 TITLE	-ZIP		F3.0	F=1 1 1000
IAME		L. otten	6.1 HILE 6.2 NAME			Change	Addition .
TREET ADDRESS			6.3 STREET /	DDRESS			
ITY-ST-ZIP			6.4 CITY - ST	- 7IP			
oath: that I	certify that the information supplied in the information indicated on this annu- am an officer or director of the corpo- Block 12 or Block 13 if changed or o	ration or the receiver or trusto	nual report is true	not qualify for and accurate execute this	or the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Flori	7(3)(k), Florida Statute ame legal effect as if da Statutes; and tha 904	made under t my name

SIGNATURE: W

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Destruction Des