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Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000068223 (5)

1. Corporation Name

ARENDS TRUCKING COMPANY, INCORPORATED

Principal Place of Business

8744 ROSEANNE BLVD
NEW PORT RICHEY FL 34654
US

Mailing Address

8744 ROSEANNE BLVD
NEW PORT RICHEY FL 34654
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

59-3204837

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 8727 Roseanne Blvd

2a. Mailing Address
26 8727 Roseanne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 New Pt Richey FL

27 City & State
28 New Pt Richey FL

24 Zip
25 34654 pasco

29 Zip
30 34654 pasco

9. Name and Address of Current Registered Agent

ARENDS, DANIEL
8745 ROSEANNE BLVD
NEW PORT RICHEY FL 34654

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

~~Michaelene Arends~~

~~Michaelene Arends, Treasurer~~

~~1-13-98~~

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ARENDS, DANIEL
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE VD ☐ DELETE
NAME ARENDS, THOMAS
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE STD ☐ DELETE
NAME ARENDS, MICHAELNE
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: ~~Michaelene Arends~~ Michaelene Arends, Treasurer 1-13-98 813 842-8308

CR2E034 (10/97)