

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:07**

**DOCUMENT # P93000070731 (3)**

1. Corporation Name

**V.L. & G. TRUCKING, INC.**

Principal Place of Business

**3719 CORPOREX PARK DR.  
TAMPA FL 33619**

Mailing Address

**3719 CORPOREX PARK DR.  
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1993**

3a. Date of Last Report

**06/01/1994**

4. FEI Number

**59-3211986**

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

**#300**

Suite, Apt. #, etc.

**#300**

City & State

22

City & State

27

Zip

23

Country

24

Zip

28

Country

29

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MOULING, KATHY L  
308 E. MARTIN LUTHER KING BLVD.  
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81 Name

**Eugene R. Antonelli**

82 Street Address (P.O. Box Number is Not Acceptable)

**3719 Corporex Park Drive, #300**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33619**

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 607.1505, Florida Statutes.

SIGNATURE

*Eugene R. Antonelli*

(NOTE: Registered Agent signature required when needed)

DATE

**2/17/95**

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**ANTONELLI, EUGENE R**

STREET ADDRESS

**2513 ARBORWOD DR.**

CITY, ST, ZIP

**VALRICO FL 33594**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 Sections 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 this 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:

*Eugene R. Antonelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/95**

(Signature) (Name)