FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070731 (3)

V.L. & G. TRUCKING, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address												
3719 CORPOREX PARK DR. TAMPA FL 33619			3719 CORPOREX PARK DR. TAMPA FL 33619-1162									
									3. Date Incorporated or Qualified 10/12/1993		ate of Last Re 01/1996	port
2. 21	Principal Pi	ace of Busines	SS	2a. Mailing Address 26				4. FEI Number 59-3211986			plied For t Applicable	
22	Sulte, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Red	dditional
23	City & State	9		City 8 :	State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	,
24	Ζiρ	2:	Country	Z _I p		Country 30	/		8. This corporation has liability for Florida Statutes	intangible Yes [199.032,
۳			nd Address of Curre						10. Name and Address of New Registered Agent			
	EIM	ENE R. ANTO	ONELLI			81	Name				·	
	3719		PARK DR. 300			82	Street	Addres	ss (P.O. Box Number is Not Acceptal	ole)		
	1 (7)(7)	1715 0000	•			83						
						84	,			FL		10
17	Pursuant office or ragent. La	to the provision egistered agen m familiar with	ns of Sections 607.050 nt, or both, in the State , and accept the oblig	02 and 607.1508 e of Florida. Such jations of, Section	, Florida Statute i change was a n 607.0505, Flo	s, the abov uthorized b rida Statute	e-named y the cor s.	d corpo poratio	ration submits this statement for the n's board of directors. I hereby acce	ourpose of the app	if changing its pointment as r	registered registered
s	IGNATURE	Signature, typed or	profed name of registered ag		ie (NO1t		ent signaturi	т төдүнес	d when reinstaling)	()A1(
1	2.		OFFICERS AN	DIRECTORS		18.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TI	TLE	D			☐ DELETE	11 10LF					Change	Addition
N	AME :		i, eugene r			1.2 NAME						
\$1	REET ADDRESS	2513 ARBC	rwod dr.			1.3 STHEE	I ADDRESS	ĺ				
l a	TY-ST-ZIP	VALRICO F	L 33594			1.4 CHTY-	ST - ZIP					
TI	TLE		<u> </u>		DELETE	2.1 TITLE					Change	Addition
N	AME					2.2 NAME						
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1 -	TY-ST-ZIP					2. 4 CITY-	ST-ZIP					
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	AME					3.2 NAME						
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1	TY-ST-ZIP					3.4. C(1)	S1 - Z(P					
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1 -	ITY-ST-ZIP					4.4 CITY-						
	TLE				DELETE	5.1 TITLE	OI-III	+			Change	Addition
1	AME					5.2 NAME						
1							T ADDDCCC					
	TREET ADDRESS						T ADDRESS					
_	TY-ST-ZIP				DELETÉ	5.4 CHY- 6.1 TOLE	ST-ZIP				Change	Addition
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14. I do 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.

6.4 CITY - ST - ZIP

6.2 NAME

4/2/62

FILED

Apr 30 1997 8:00am

Secretary of State