## 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 # P9400000001 (5)

MINHI TRUCKING, INC.

**FILED** Jul 09 1997 8:00am Secretary of State



Principal Place of Business 11716 \$7TH ROAD NORTH ROYAL PALM BEACH FL 33411		Mailing Address							
		11716 57TH ROAD NORTH ROYAL PALM BEACH FL 33411-8836							
						3. Date Incorporated or Qualified 12/21/1993		e of La 3/199	st Report <b>)6</b>
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number		T	Applied For	
21		26				65-0459480			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			E Contilionto el Status Doolred		\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	LIP.	Fee	Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country Zip C		Cour	Country		8. This corporation has liability for it	ntangible t	ax und	er s. 199,032,
24	25	29	30			Florida Statutes Yes No			
9, 1	Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered A	gent	
Drewery	/, Susan e			B1	Name				
11718 57	TH ROAD NORTH		82 Street Addr			ress (P.O. Box Number is Not Acceptab	e)		
ROYAL PA	ALM BEACH FL 33411		į		01.0017100	is the second of the second	0,		
				83					
<b>A</b>			-	84	Cau			65	Zip Code
				04	City		FL	85	zib Code
11. Pursuant to the	provisions of Sections 607.050	2 and 607.1508, Florida State	ites, the ab	ove-	named corp	poration submits this statement for the pition's board of directors. I hereby accept	urpose of o	changir	ng its registered
office or register	ed agent, or both, in the State liar with, and accept the obliga	of Florida, Such change was	authorized	by t	the corporat	tion's board of directors. I hereby accep	t the appo	intmen	as registered
-	mar with, and accept the oblige	1,0000.100 Hollage ,to enough	ionoa statt	utoa.					
SIGNATURE Signature	e, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Registered	Agent	signature requir	red when reinslating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE VD		DELETE 1.1 T		LE				Char	ge Addition
NAME : DRE	EWERY, DETTRICK D	/, DETTRICK D		1.2 NAME					
STREET ADDRESS 117	16 57TH ROAD NORTH	1.3		1.3 STREET ADDRESS					
	DOVAL DATAL DEACH EL		ı	1.4 CITY-ST-ZIP					
TITLE PSC	)	☐ DELETE	2.1 T/T					Char	ge Addition
NAME DRE	DREWERY, SUSAN E		2.2 NA	2.2 NAME					
	16 57TH ROAD NORTH	2.3 !		2.3 STREET ADDRESS					
	YAL PALM BEACH FL		2. 4 CITY-ST-ZIP						
TITLE			3.1 191			· · · · ·		Chan	ge Addition
NAME			ı	3.2 NAME			_		- —
STREET ADDRESS					DORESS	·			
CITY-ST-ZIP			3.4. CI						
TITLE			4.1 TIT					Char	ge Addition
NAME			4. 2 NA		}		•		
STREET ADDRESS					DDRESS				
			4.3 ST						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		- 215			Chan	ge Addition
NAME			L	5.1 THE 5.2 NAME					a. — Leading
					oporee				
STREET ADORESS					DDRESS				
CITY-ST-ZIP		DELETE	5 4 CIT		- ZIP			Char	ge Addition
TITLE		☐ DELETE	6.1 TITI				ι	Char	ide 🗀 vanitiou j
NAME			6.2 NAI						
STREET ADDRESS			6.3 STF	reet a	DDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-ST-	- ZIP				

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.