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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000013176 (0)

COOMBS TRUCKING, INC.

FILED Apr 27 1998 8:00am Secretary of State



							_			
Principal Place of Business Mailing Address								i Ha lli arib i i	M ere (Mai 1181	i 18010 Bill 1004
2841 N.E. 10TH TERRACE POMPANO BEACH FL 33084			2841 N.E. 10TH TERRACE POMPANO BEACH FL 33064			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified			
							02/14/1994			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		, , , ,	Applied For
21			26				65-0469447			Vot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing			0 Мау Ве
Zip Country			Zip Country				Trust Fund Contribution			d to Fees
24	·		¬ ' ⊢ ¬		Jeitry	,	· ·	as paid the current year Intangible		
241	25 29 9. Name and Address of Current Registered Agent			[30]	T	•	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
						Name	10. Name and Address of New Registered Agent			
COOMBS, CHERYL M					81					
2841 N.E. 10TH TERRACE POMPANO BEACH FL 33064					82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
FOMPARTO BEACH TE 35004					83				•	
1					84	City			85 Zip	Code
						′		FL	. · ·	
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						·				
12.	Signature typed or printed name of registered OFFICERS A				d Age	ent signature require		DATE	DIDEGEO	
TITLE	DP OF ICERS AND DIRE			ORS 13. DELETE 1.1 TI			ADDITIONS/CHANGES TO OFFI	CERS AND	☐ Change	
NAME	COOMBS, BRUCE L			12 N						L. Augulon
STREET ADDRESS	2841 N.E. 10TH TERRACI	-				ADDRESS				ļ
CITY-ST-ZIP	POMPANO BEACH FL 33					ST-ZIP				1
TITLE	DVS		DELETE	2.1 TITLE					Change	Addition
NAME	COOMBS, CHERYL M			2.2 NAM						_
STREET ADDRESS			2		2.3 STREET ADDRESS					
CITY-ST-ZIP					2.4 CITY-ST-ZIP					
TITLE	DELETE			3.1 Tr					Change	Addition
NAME				3.2 N	AME				,	
STREET ADDRESS				3.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				3.4 C	IIY-5	ST-ZIP				
TITLE			DELETE	4.1 TI					Change	☐ Addition
NAME				4.2 N	AME					
STREET ADDRESS				4.3 \$1	REET	ADORESS				
CITY-ST-ZIP				4.4 CI	TY-S	1-ZIP				
TITLE			DELETE	5 1 TI			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				5 2 N/	AME					ł
STREET ADDRESS				5 3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CF	TY-S	T-ZIP				
TITLE			DELETE	61 Tr					☐ Change	☐ Addition
NAME				6.2 NA	ME					ļ
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY-ST-ZIP				6.4 CI	TY-S	T-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 coroler 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.

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454-943-0916