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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 25 1997 8:00am Secretary of State

DOCUMENT # P9400027192 (1)  L & R TRUCKING, INC.  Principal Place of Business  Mailing Address  2668 COUNTRY GOLF DR. WELLINGTON FL 33414  WELLINGTON FL 33414									
						Date Incorporated or Qualified     04/07/1994		of Last Re 1/1996	eport
	Place of Business	2a. Mailing	Address			4. FEI Number		<del></del>	plied For
Suite, Ant	# ote	26 Suite A	pt. #, etc.			59-3232930		\$8.75 A	t Applicable
2	w, ea.	27	pt. #, 610.			5. Certificate of Status Desired		Fee Re	
City & Sta	1e	City & S	state	·- ··		6. Election Campaign Financing		\$5.00	May Be
13		28		· ·		Trust Fund Contribution		Added t	
Zip	Country	Zip		Country 30	,	This corporation has liability for in Florida Statutes	tangible ta Yes 🔲		. <b>19</b> 9.032,
24	25 g. Name and Address of Cur		ent	130		10. Name and Address of New Reg			-
KR	UTCIK, RITAS D	,		81	Name		·····		· · · · · · · · · · · · · · · · · · ·
	88 COUNTRY GOLF DR.			82	Street Add	Iress (P.O. Box Number is Not Acceptable	le)		
WE	LLINGTON FL 33414				- Ciroci /ioo	(			
				83					
				84	City	······································	<u></u>	<b>85</b> Zip (	Code
			er in our		<u> </u>		FL		
agent. Fa	am familiar with, and accept the ob	tate of Florida, Such oligations of, Section	change was 607.0505, Fl	authorized brorida Statute	y the corpora s.	poration submits this statement for the pution's board of directors. I hereby accept	t the appoi	nimeni as	regisiered
SIGNATURE	Signature, typics or printed name of registered					ition's board of directors. I hereby acception and the second of directors in the second of directors in the second of directors.  ADDITIONS/CHANGES TO OFFIC	DATE		
SIGNATURE	Signature: type 3 or printed name of registered OFFICERS	agent and little if applicable		rE Registered Ag		ired when reinstating)	DATE ERS AND [		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered OFFICERS	agent and little if applicable	: {NO1	re Registered Ag		ired when reinstating)	DATE ERS AND [	DIRECTOR	IS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typied or printed name of registered OFFICERS P KRUTCIK, RITA 12501 SW 14TH	i agent and title if applicable AND DIRECTORS	: {NO1	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requi	ired when reinstating)	DATE ERS AND [	DIRECTOR	IS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Signature, typed or printed name of registered OFFICERS	agent and Ide If applicable AND DIRECTORS	: (NOT	13. 1.1 Title 1.2 NAME 1.3 STREET	ent signature requi	ired when reinstating)	DATE ERS AND E	DIRECTOR Change	IS IN 12
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Los reviews that the information supplied with this information indicated on lihis 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.