

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

05-06-1999 90148008 \*\*\*150.00  
P94000027192

FILED

99 JUL -9 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P94000027192

1. Corporation Name  
L & R TRUCKING, INC.

Principal Place of Business  
2600 COUNTRY GOLF DR.  
WELLINGTON FL 33414

Mailing Address  
2600 COUNTRY GOLF DR.  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1994

4. FEI Number

59-3232830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 5419 FIRENZE DR C

Suite, Apt. #, etc.

22 Boynton Bch, FL

City & State

23 33437 Palm Bch

Zip Country

2a. Mailing Address

26 5419 FIRENZE DR C

Suite, Apt. #, etc.

27 Boynton Bch, FLA

City & State

28 33437

Zip Country

9. Name and Address of Current Registered Agent

KRUTCHIK, RITA  
2600 COUNTRY GOLF DR. 5419 FIRENZE DR C  
WELLINGTON FL 33414 Boynton Bch, FL 33437

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME KRUTCHIK, RITA  
STREET ADDRESS 12501 SW 11TH 5419 Firenze Dr. #C  
CITY-ST-ZIP PEMBROKE PINES FL 33027 Boynton Bch 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SP

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 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, with all other like empowered.

SIGNATURE: Rita Krutchnik

4/29/99

561-742-3880

CR2034 (11/98)