Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90166 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9400027239

. Corporation Name

R & S TRUCKING OF LEE COUNTY, INC.							
Principal Place	e of Business	Mailing Address				9118 11911 18819 11888	
8259 WAGON WHEEL CIRCLE 8259 WAGON WHEEL CIRCLE NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 3391				•	DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 04/07/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0478426		Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country Zip		Country		8. This corporation owes the current year		
24	25 29 30		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Register	rea Agent	
TREE	PANIER, RAQUL		"	, Tallie			
8259 WAGON WHEEL CIRCLE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
NUH	TH FORT MYERS FL 33917		83				ļ
			84	City		85 Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its oppointment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered ager		_	nt signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	TREPANIER, RAOUL						
STREET ADDRESS	8259 WAGON WHEEL CIRCLE		1.2 NAME			Grango	
			1.2 NAME 1.3 STREET	r address			
TITLE	NORTH FORT MYERS FL 3391	7					C Acceptant
	NORTH FORT MYERS FL 3391	7 ☐ DELETE	1.3 STREET			☐ Change	Addition
NAME	NORTH FORT MYERS FL 3391		1.3 STREET				
NAME STREET ADDRESS	NORTH FORT MYERS FL 3391		1.3 STREET 1.4 CITY-ST 2.1 TITLE	T-ZIP			
1	NORTH FORT MYERS FL 3391		1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	T-ZIP			
STREET ADDRESS	NORTH FORT MYERS FL 3391		1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

-10-99 (9

(941) 731-1738 Daytime Phone # 32E034 (11/98)