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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027500 (5)

ROBINSON'S TRUCKING, INC.

FILED Feb 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I IBASIDES ING IDNII QIBNI KAKIL DANI BBINI BONG HIKIF HEDDI DINIK DONI 8841 IODI		
804 ME 1ST AVE 2 504 I		604 NE 1ST AVE 2	NE 1ST AVE 2					
POMPANO BEACH FL 33060		POMPANO BEACH FL 33060			DO NOT WRITE IN THIS SPACE			
1					3. Date Incorporated or Qualified			
					04/07/1994			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For		
21 26				65-0483600	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	8.75 Additional		
22 27					Fee Required			
		City & State			· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be		
23 Zip	p Country Zip C		Countr	·		Added to Fees		
24	25		30	,	This corporation owes or has paid the current Personal Property Tax due June 30.	• — •		
	9. Name and Address of Curren		-		10. Name and Address of New Registered Age			
R	OBINSON, MYLES S		8	Name				
604 NE 1ST AVE 2			8:	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33060			Ĺ					
			63	1				
			84	City	8	Zip Code		
					<u> </u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author				v the corpo	corporation submits this statement for the purpose of chapration's board of directors. I hereby accept the appointment	inging its registered ment as registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or profess fregering a sect of a profession of the profession and office trapples above. (NOTE Registered Agent signature required when reinstalling) DATE								
12.	OFFICERS AN		13.	eni signature ra	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE			Change Addition		
NAME	ROBINSON, MYLES S		1.2 NAME					
STREET ADDRESS	604 NE 1ST AVE 2		1.3 STREE	T ADDRESS				
CITY+ST-ZIP	POMPANO BEACH FL 3306	0	1.4 CITY-	ST-ZIP				
TITLE			2 1 TITLE			Charige Addition		
NAME	1 - 1 - 1 - 1		2.2 NAME					
STREET ADDRESS			2.3 STAEE	T ADDRESS				
CITY-ST-ZIP POMPANO BEACH FL 33060		2. 4 CITY-ST-ZIP			Observation I Add Work			
TITLE		☐ DELETE	3.1 TITLE		L	Change L Addition		
NAME STREET ADODESS			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	21 · ZIP	П	Change Addition		
NAME		La Dicere	4. 2 NAME	ļ	_			
STREET ADDRESS				T ADDRESS				
CITY-\$1-ZIP			4.4 CITY-					
TITLE			51 TITLE			Change Addition		
NAME			5.2 NAME	}				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE			6.1 TITLE			Change		
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CiTY-	ST-ZIP				

or quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information we and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pycted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

954-943-5832