## 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

DOCUMENT #	P94000060806
DOCOMENT #	P9400000000

1. Corporation Name

B & G TRUCKING, INC.

b a a modulia, mo	_					
Principal Place of Business Mailing Address					• • • • • • • • • • • • • • • • • • • •	
3470 21 ST AVE. SW NAPLES FL 34117 US	3470 21 ST AVE SW NAPLES FL 34117 US			DO NOT WRITE IN THI  3. Date Incorporated or Qualifed  08/15/1994	S SPACE	<u> </u>
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21	26			65-0509942		Not Applical
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>75</b> Additional ee Required
City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax.	ntangible Yes	
	Current Registered Agent		•	10. Name and Address of New Registered	d Agent	
HUMPHREY, ROBERT		81 82	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
3470 21 ST AVE., SW			Ou out ridd	too ( .o. Dox raines is the coopies of		
NAPLES FL 34117		83				
		84	City	F	85	Zip Code
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	le State of Florida. Such change was author obligations of, Section 607.0505, Florida	Statutes	the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	of changing of cha	ng its registere as registered

agent. I a	m familiar with, and accept the obligations of	of, Section 607.0505, Florid	a Statutes.	indicate beautiful of directions. The copy description of						
SIGNATURE	Signature, typed or printed name of registered agent and tit	le if applicable: (NOTE: R	egistered Agent signature re	equired when reinstating) DATE	4-99					
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition				
VAME	HUMPHREY, ROBERT		1.2 NAME							
STREET ADDRESS	3470 21 ST AVE , SW		1.3 STREET ADDRESS	•						
CITY-ST-ZIP	NAPLES FL 34117		1.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	2.1 TITLE	D umobrev	Change	[ ] Addition				
VAME	Virginia, Humphrey		2.2 NAME	Virginia, Humphrey 3400 pist 5t. Ave. Sw.						
STREET ADDRESS	3470 at st Ave. Sw		2.3 STREET ADDRESS	3400 312 DT. ME. 51						
CITY-ST-ZIP	naples, FL 34117		2, 4 CITY-ST-ZIP	Maples, FL 34117						
TITLE	Acceptable of the Control of the Con	- DELETE -	3.1 TITLE	و <del>ه</del> ا و المنظم المنظم و المنظم	☐ Change	Addition				
NAME		•	3.2 NAME	•						
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP							
TITLE .		☐ DELETE	4.1 TITLE	•	Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP							
IIILE	,	□ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME	-		5.2 NAME	•						
STREET ADDRESS			5.3 STREET ADDRESS	•						
CITY-ST-ZIP	,		5.4 CITY- \$T-ZIP		-					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME							
STREET ADORESS	-		6.3 STREET ADDRESS							
CITY-ST-ZIP	•		6.4 CITY-ST-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 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:

Applied For Not Applicable