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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091370 (4) ✓
1. Corporation Name

CFE TRUCKING, INC.

Principal Place of Business

Mailing Address

5130 BROAD ST
BROOKSVILLE FL 34601

P.O. BOX 10761
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

59-3283110

5. Certificate of Status Desired ☐

\$8.75
Fee

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00
Amount

8. This corporation owes or has paid the current year's
Personal Property Tax due June 30 ☐

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

34603

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, THOMAS S JR
20 S BROAD ST
BROOKSVILLE FL 34601

81 Name

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

83

84 City

FL

86

Zip

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 of the 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 reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WILLIAMSON, NANCY L
5130 BROAD ST
BROOKSVILLE FL 34601

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CARPENTER, PAUL
5130 BROAD ST
BROOKSVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Delete

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☐ Change

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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 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 the information in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy L. Williamson April 29, 1999

(352) 796-9551