

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000091414

1. Corporation Name  
D & M CARPENTER TRUCKING, INC.

Principal Place of Business

1317 FOXDEN ROAD  
APOPKA FL 32712

Mailing Address

1317 FOXDEN ROAD  
APOPKA FL 32712

FILED

99 OCT 20 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	01/01/1995
4. FEI Number	59-3293273
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 4326 Plymouth Sovereign Rd	2a 4326 Plymouth Sovereign Rd
22	27 Suite, Apt. #, etc.
23 Apopka, FL 32712	28 City & State
24 32712	29 32712
25 USA	30 USA

9. Name and Address of Current Registered Agent

CARPENTER, MARY  
1317 FOXDEN ROAD  
APOPKA FL 32712

Change address →

10. Name and Address of New Registered Agent

81 Name	Mary W Carpenter
82 Street Address	4326 Plymouth Sovereign Rd
83	
84 City	Apopka, FL
85 Zip Code	32712

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 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 Mary W. Carpenter  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARPENTER, MARY	
STREET ADDRESS	1317 FOXDEN RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, DAN	
STREET ADDRESS	1317 FOXDEN RD	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Carpenter Mary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4326 Plymouth Sovereign Rd	
1.3 STREET ADDRESS	Apopka, FL 32712	
1.4 CITY-ST-ZIP		
2.1 TITLE	Carpenter, Dan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4326 Plymouth Sovereign Rd	
2.3 STREET ADDRESS	Apopka, FL 32712	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary W. Carpenter Mary W Carpenter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-886-0325  
9-21-99

Daytime Phone #

0110000

CR2E034 (5/99)

Sept. 21, 1999

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Dear Sirs:

I am writing to ask that you waive the late filing fee for 1999. I called & spoke with Michelle & she said to write & explain why we're late.

We aren't a lge corp. - just my husband me & one truck. The driver & I do the paperwork - This work has brought him to Ga for the latter part of 2 years. We were undecided about moving from Fl. so our accountant suggested that we wait about filing. Then I had a couple heart attacks & we decided to stay in Ga. temporarily (closer to Dan's work, for now)

We are back & forth between Ga & Fl. still not knowing what will happen but we have decided to continue our Corp. in Fl. for now & pay Ga state taxes also until things are definite -

Our mailing address here is on the Corp report. Hopefully Dan's work will move back to Fl. by 2000 filing date -

Thank you for your consideration

May W. Carpenter

4326 Plymouth Sound Rd.  
Apopka, FL 32712

407-814-0724