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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004925 (0)

KING & SONS TRUCKING, INC.

Principal Place of Business RT. 2. BOX 1180

STARKE FL 32091

Mailing Address

RT. 2. BOX 1190 STARKE FL 32091

FILED Apr 20 1998 8:00am Secretary of State



	• • • • • • • • • • • • • • • • • • •				DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 01/19/1995		
2. Principal Place of Business 2a. Mailing A			ling Address		4, FEI Number Applied For		
21		26			59-3295214 Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.	├ ─¬ '		6. Certificate of Status Desired Fee Required		
City & State		City & State	——————————————————————————————————————		Election Campaign Financing Trust Fund Contribution Added to Fees		
Z ₁ p	Country 25	Ζφ 29	Coun	try	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre		1331		10. Name and Address of New Registered Agent		
HAF	RDY, DUDLEY P			1 Name			
996 N. TEMPLE AVENUE STARKE FL 32091).	92 Street Address (FLO Day Number in Not Assentable)			
			J.	82 Street Address (P.O. Box Number is Not Acceptable)			
V	and it offer		þ	33			
			Ī	City	FL 85 Zip Code		
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut e of Florida. Such change was a	es, the about	ove-named by the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. I an	n familiar with, and accept the oblig	gations of, Section 607.0505, Fig	orida Statu	tes.	• • • • • • •		
SIGNATURE			- B		required when reinslating) OATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIFLE	DP CITICETO AT	DELETE	1.1 7174	<u> </u>	Change Addition		
NAME	KING, JAMES L		1.2 NAM				
STREET ADDRESS	RT. 2, BOX 1190						
1	STARKE FL 32091		1	ET ADDRESS			
CITY-ST-ZIP TITLE	STANKE I'E SECOT	DELETE		-ST-ZIP	☐ Change ☐ Addition		
1		LJ better	2.1 TITLE 2.2 NAME				
NAME							
STREET ADDRESS			1	ET ADDRESS			
CITY - ST - ZIP		DELETE		r-st-zip	☐ Change ☐ Addition		
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NAME			3.2 NAW				
STREET ADDRESS				ET ADDRESS	ļ ,		
CITY-ST-ZIP		Delete		-ST-ZIP	Di		
TITLE		☐ DELETE	4.1 TITL		☐ €hange ☐ Addji		
NAME			4. 2 NAM	-	1		
STREET ADDRESS				ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP				- ST- 7IP			
TETLE		☐ DELETE	5 1 TIJL		☐ Change ☐ Addil io n		
NAME			5.2 NAM		/		
STREET ADDRESS			5.3 STA	ET ADDRESS			
CITY-ST-ZIP			5 4 CITY				
TITLE		☐ DELETE	6.1 TITL	i	☐ Change ☐ Addition		
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	E1 ADDRESS			
CITY - ST - ZIP			6.4 CITY				
14. I hereby ce	ertify that the information supplied v	with this filling does not qualify for	or the exen	ption state	id in Section 119.07(3)(i), Florida Statutes. I further certify that the Information nature shall have the same legal effect as if made under oath; that I am an		
officer or d	irector of the corporation or the rec r Block 13 if changed, or on an atta	eiver or trustee empowered to o	execute thi	s report as	required by Chapter 607, Florida Statutes; and that my name appears in		