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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500002033 (6) P9500092033 1. Corporation Name

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90027 024 \*\*\*158.75

	TRUCKING, INC.									
Principal Plac	ee of Business	Mailing	Address							
	COUNTY RD. 144	_	BOX 772							
						_				
WILDWO	OOD, FL 34785	WILD	WOOD, FL	34	478	35	DO NOT WRITE IN TH	IS SPACE		1
							3. Date Incorporated or Qualifed			
	· · · · · · · · · · · · · · · · · · ·						12/01/95	11.		
<del></del>	Place of Business	2a. Mailing Address					4. FEI Number 50 2251791		polied For	
21	#	26	10 10 4 -10				59-3351781		t Applicable_	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 / Fee Re		
22	to	27 Cin	v.&:State=====	- <del></del>			6. Election Campaign Financing		May Be	====
23		28	,				Trust Fund Contribution	Added 1	•	
Zip	Country	Zip		Cou	untry		8. This corporation owes the current year			
24	25	29		30	-		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registere	d Agent				10. Name and Address of New Registere	d Agent		
					81	Name				
GRANT	, IRVIN L.				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
5099	COUNTY RD. 144									
	OOD, FL 34785				83					
					84	City		85 Zip (	Code	
44 5		A-+ 007 41	500 EL CL-1.A.				F		rogietorod	
l office or r	egistered agent, or both, in the State of	<i>f</i> Florida. S	uch change was at	uthorized	d by ti	-named co he corpora	propriation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I a	im familiar with, and accept the obligat	ons of Sec	tion 607.0505, Flor	rida Stati	utes.		-/./-	_		
SIGNATURE	Justice X 1000	N.					2/1//90	7		
O CONTROLL		and title if popli	gable (NOTE:	Pagistacad	t Acent	ciocatura remu	ured when reinstating)			_
	Signature, typed or printed name of registered agent			Registered		signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	(86)
12.	Signature, typed or griphod name of regiment agent OFFICERS AND					signature requ		AND DIRECTO	ORS IN 12	(11/98)
12.	OFFICERS AND		RS	13.	ITLE	signature requ				34 (11/98)
12.	OFFICERS AND P GRANT, IRVIN L.	DIRECTO	RS	13. 1.1 TI 1.2 N/	ITLE AME	signature requ				
12. TITLE NAME	OFFICERS AND  OFFICERS AND  P  GRANT, IRVIN L.  5099 COUNTY RD.	DIRECTO	RS	13. 1.1 TI 1.2 N/ 1.3 ST	ITLE AME	ADDRESS				R2E034 (11/98)
12. TITLE NAME STREET ADDRESS	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34	DIRECTO	RS	13. 1.1 TI 1.2 N/ 1.3 ST	ITLE AME TREET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FI. 34	DIRECTO	ors Delete	13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci	ITLE AME TREET A ITY-ST-	ADDRESS		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34	DIRECTO 144 785	ors Delete	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/	ITLE AME TREET A STY-ST- ITLE AME	ADDRESS		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD.	144 785	DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	ITLE AME TREET A STY-ST- ITLE AME	ADDRESS . ZIP		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD.	DIRECTO 144 785	ors Delete	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/ 2.3 ST	ITLE AME TREET A ITY-ST- ITLE AME TREET A	ADDRESS . ZIP		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD.	144 785	DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C	ITLE AME TREET A ITY-ST- ITLE AME TREET A CITY-ST-	ADDRESS . ZIP		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD. WILDWOOD, FL. 34' WHENT, JOANN 5099 COUNTY RD.	144 785	DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	TREET A AME ATY-ST- ITLE AME TREET A CITY-ST- ITLE AME	ADDRESS . ZIP		☐ Change	☐ Addition	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD. WILDWOOD, FL. 34' WHENT, JOANN 5099 COUNTY RD.	144 785	DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 GI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI	THE TREET A TY-ST-THE THE TREET A THE TREE	ADDRESS ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GRANT, IRVIN L. 5099 COUNTY RD. WILDWOOD, FL. 34' VP GRANT, JOANN 5099 COUNTY RD. WILDWOOD, FL. 34' WHENT, JOANN 5099 COUNTY RD.	144 785	DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.7 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/	ITLE AME ITY-ST- ITLE AME ITY-ST- ITLE AME ITREET A AME	ADDRESS ADDRESS -ZIP ADDRESS -ZIP -ZIP		☐ Change ☐ Change	Addition	
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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 information indicated on this annual report or supplied ental 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 exachment with an address, with all other like empowered.

SIGNATURE:

IRVIN L. GRANT,

PRESIDENT

352-748-4898