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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000030263 (4)

Principal Place of Business 150 AVE T. N.E.	Mailing Address 150 AVE T. N.E.		
WINTER HAVEN FL 33881	WINTER HAVEN FL 33881		

FILED May 05 1997 8:00am Secretary of State

FORTE TRUCKING OF CENTRAL FLORIDA, INC. Principal Place of Business 150 AVE T. N.E. WINTER HAVEN FL 33881 Mailing Address 150 AVE T. N.E. WINTER HAVEN FL 33881				. 19182 114 124 13402 134 134			
				3. Date incorporated or Qualified 04/13/1995	3a. Date 04/08	of Last R	teport
2. Principal f	lace of Business	2a. Mailing Address		4. FEI Number			plied For
21		26		59-3310398			ot Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
City & Sta	te	City & State		6. Election Campaign Financing			Мау Ве
Zip	Country	28	Country	Trust Fund Contribution	<u> </u>		to Fees
24)	25	29	30	8. This corporation has liability for Florida Statutes	intangible ta Yes	ax under s No	. 19 9.032,
21	9. Name and Address of Curr		1001	10. Name and Address of New Re			
STR	AUGHN, RICHARD		81 Name				
255	MAGNOLIA AVENUE SW		82 Street Add	fress (P.O. Box Number is Not Acceptal	ble)		
WIN	TER HAVEN FL 33880				······		
			83				
			84 City			85 Zip	Code
			4 1		FL		
11. Pursuan office or agent. I	t to the provisions of Soctions 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida Statu afte of Florida. Such change was ligations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora forida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception		hanging i intment as	ts registered registered
SIGNATURE	Signature typed or presed name of registered		ites, the above-named cor authorized by the corpora forida Statutes. TE Registered Agent egoalure requirements. 13. 11 TITLE		purpose of c pt the appoi DATE CERS AND		RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	Signature typed on presed name of registered OFFICERS A FORTE, ARCHIE 2024 FOXHOLLOW DRIVE	agent and title if applicable (NO	TE: Regisiered Agent eignature requirements 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	wed when reinstating)	purpose of c pt the appoi DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS C(TY+ST-ZIP)	Signature typica or presed name of registrand OFFICERS A D FORTE, ARCHIE	agent and life if applicable (NO AND DIRECTORS DELETE	TE Regisiered Agent egnature requirements 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	wed when reinstating)	purpose of c pt the appoi DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE	Signature typed on presed name of registered OFFICERS A FORTE, ARCHIE 2024 FOXHOLLOW DRIVE	agent and title if applicable (NO	TE Registered Agent eignature requirements 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	wed when reinstating)	purpose of c pt the appoi DATE CERS AND	DIRECTO	RS IN 12
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I do 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

Daytime Phone #

0624463