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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043426 (2)

STEGALL HAULING, INC.

## **FILED** Mar 31 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				L CERNORS SIGNOR BOILD B
05135 MAGNOLIA TERRACE			PO BOX 420				
FRUITLAND PARK FL 34731			WILDWOOD FL 34785				
		ι	JS				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 06/06/1995
2. Principal Place o	f Business	2a	. Mailing Address				4. FEI Number Applied For
21			26				<b>59-33 18859</b> Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired 38.75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23	2						Trust Fund Contribution Added to Fees
Žip	Country		Zip	C	ountry		8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30.  Yes No
	Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registered Agent
Smith, (					81	Name	me
708 N MAIN ST					82	Stroo	eet Address (P.O. Box Number is Not Acceptable)
WILDWO	OD FL 34785				102	Silee	set Address (F.O. Box Number is Not Acceptable)
					83		, , , , , , , , , , , , , , , , , , , ,
•							
					84	City	FL 85 Zip Code
11. Pursuant to the	provisions of Sections 607.05t	32 and 6	07.1508. Florida Statu	les the	above	-name	ped corporation submits this statement for the purpose of changing its registered
office of register	red agent, or both, in the State	of Flori	da Such change was	authoriz	ed by	the co	corporation's board of directors. I hereby accept the appointment as registered
	шаг мил, ало ассерт ие орве	janons o	i, Section 607.0505, Fi	orida Si	atutes	š.	
SIGNATURE Signature, typind or product name of registered agent and blor if applicable (NOTE: Registered Agent signature required when reinstalling)  OATE							
12.	OFFICERS AN			13		in o g. iana	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD			☐ DELET <b>E</b>		TITLE		Change Addition
NAME ST	EGALL, JAMES D			1.2	NAME		_ , _
	135 MAGNOLIA TERRACE					ADDRESS	22
	UITLAND PARK FL 34731			- 1	CITY-S		30
TITLE ST			DELETE		TITLE	(*211	☐ Change ☐ Addition
NAME SM	IITH, GWEN N		_		NAME		
•	B N MAIN ST					ADDRESS	
	LDWOOD FL						33
TITLE			DELETE		CIFY - S TITLE	1-211	Change Addition
NAME			bar occess		NAME		C Strange C Addition
i				1		ADDRESS.	
STREET ADDRESS						aodress	>>
CITY-ST-ZIP TITLE			DELETE		CITY-S	1-719	Change Addition
			First DEFELIE		TITLE		☐ Change ☐ Addition
NAME CIRET ADDRESS					NAME		
STREET ADDRESS				- 6		ADDRESS	SS
CITY-ST-ZIP			DECETE	_	CITY-SI	- ZIP	
TITLE			☐ DELETE		TITLE		☐ Change ☐ Addition
NAME				5.2	NAME		一
STREET ADDRESS				5.3	STREET	ADDRESS	331
CITY-,ST-ZIP				54	CITY-SI	- ZiP	
TITLE !			☐ DELE <b>te</b>	6.1	TITLE		200002473432change Addition -03/31/9801029019 ***150.00
NAME ;				6.2	MAME		-03/31/9801029019
STREET ADDRESS				6.3	STREET	ADDRESS	s  ***150.00
CITY-ST-ZIP		- · w		6.4	CITY-ST	- ZIP	
## I to a continue of the st	handada a tada a a a a a a a a a a a a a a						

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turtner certify that the information supplies 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 trustes 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 attachment with improduces. 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