


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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90031 049 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000059005					
1. Corporation Name G.G. & TRUCKING INC.					
Principal Place of Business 1405 S.E. 20TH ST. CAPE CORAL FL 33990			Mailing Address 1405 S.E. 20TH ST. CAPE CORAL FL 33990		
2. Principal Place of Business 21 11900 S.W. 24th Terr Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33175 Country 25 U.S.A		2a. Mailing Address 26 11900 S.W. 24th Terr Suite, Apt. #, etc. 27 City & State 28 Miami Florida Zip 29 33175 Country 30 U.S.A		3. Date Incorporated or Qualified 07/31/1995	
4. FEI Number 65-0599816		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" 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 Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SIRIANI, GELAINE 1405 S.E. 20TH STREET CAPE CORAL FL 33990			10. Name and Address of New Registered Agent 81 Name SIRIANI, GELAINE 82 Street Address (P.O. Box Number is Not Acceptable) 11900 S.W. 24th Terr 83 84 City Miami FL 85 Zip Code 33175		
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 <input checked="" type="checkbox"/> SIRIANI, GELAINE (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SIRIANI, GELAINE				
STREET ADDRESS	1405 S.E. 20TH ST.				
CITY-ST-ZIP	CAPE CORAL FL 33990				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	SIRIANI, JESUS				
STREET ADDRESS	1405 S.E. 20TH ST.				
CITY-ST-ZIP	CAPE CORAL FL 33990				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	SIRIANI, GELAINE				
1.3 STREET ADDRESS	11900 SW 24 Terr.				
1.4 CITY-ST-ZIP	MIAMI, FL 33175				
2.1 TITLE	S/TA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Soler, Yaeline				
2.3 STREET ADDRESS	11900 SW 24 Terr.				
2.4 CITY-ST-ZIP	MIAMI, FL 33175				
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIRIANI, GELAINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

305-222-8383
Daytime Phone #

CR2E034 (11/98)

0447122