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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500063509 (0)

CHARBONNEAU BROS. TRANSPORTATION, INC.

FILED
May 14 1997 8:00am
Secretary of State



Delocational Disc	an of Dusiness	Mailing Address			}	II mi rkii maamii dili		
Principal Place of Business Mailing Address 37351 BRADENTON ARCADIA RD P O BOX 373						** **		
37351 BRADENTON ARCADIA RD MYAKKA CITY FL 34251		MYAKKA CITY FL	34251-0373					
					3. Date Incorporated or Qualified 08/16/1995	3a. Date 05/01/		eport
2. Principal	Place of Business	2a. Mailing Addre	ess		4. FEI Number		[Ar	plied For
21		26			59-3343310	·	No	t Applicable
Suite, Ap	t #, etc.	Suite, Apt. #,	eta.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ite	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζıp	Country	Zip	Ci	ountry	8. This corporation has liability fo	r intangible ta	x under s	199.032,
24	25	29	30			Yes 🗌		
	9. Name and Address of Cu	irrent Registered Agent	····		10. Name and Address of New R	legistered Ag	ent	
CHA	arbonneau, Joseph a			81 Name				
	51 BRADENTON ARCADIA RD)	82 Street Ac		dress (P.O. Box Number is Not Accepta	able)	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
MY	AKKA CITY FL 34251			83				
				84 Crty			65 Zip	Code
					poration submits this statement for the attion's board of directors. I hereby according to the statement of the statement for the attion's board of directors.			
SIGNATURE	Signature bytest or portled name of registers	AND DIRECTORS	(NOTE Registe	res Agent signature requ				
12.	OFFICERS P	S AND DIRECTORS	(NOTE Registe 13 LETE 11	red Agent eigneture require.	ited when reinstaling]	ICERS AND D	IRECTOR Change	
12. TITLE HAME	OFFICERS P CHARBONNEAU, JOSEPH	S AND DIRECTORS DEL DEL	(NOTE Registe 13 LETE 1.1	red Agent signature requ ; TITLE NAME	ited when reinstaling]	ICERS AND D		
12. TITLE NAME STREET ACORESS	OFFICERS P CHARBONNEAU, JOSEPH 37351 BRADENTON-ARCAL	S AND DIRECTORS DEL DEL	(NOTE Register 13 LETE 1.1 1.2	red Agent eigneture require. TITLE NAME STREET ADDRESS	ited when reinstaling]	ICERS AND D		
12. TITLE NAME STREET ADDRESS CITY ST-716	OFFICERS P CHARBONNEAU, JOSEPH	S AND DIRECTORS DEI A XA RD.	(NOTE Register 13 LETE 1.1 1.2 1.3	red Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ited when reinstaling]	ICERS AND D	Change	Addition
12. TITLE NAME STREET ACORESS CITY: ST-ZIF TITLE	OFFICERS P CHARBONNEAU, JOSEPH 37351 BRADENTON-ARCAL MYAKKA CITY FL 34251 V	A AND DIRECTORS DEI DEI A XA RD. DEI	(NOTE Registe 13 LETE 1.1 1.2 1.3 1.4 LETE 2.1	res Agent eigneture require. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ited when reinstaling]	ICERS AND D		Addition
12. TITLE NAME STREET ACORESS CITY: ST-7IF TITLE NAME	P CHARBONNEAU, JOSEPH 37351 BRADENTON-ARCAL MYAKKA CITY FL 34251 V CHARBONNEAU, JOSEPH	A AND DIRECTORS DEI A XA RD. DEI JR.	(NOTE Register 13 LETE 1.1 12 1.3 1.4 LETE 2.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ited when reinstaling]	ICERS AND D	Change	Addition
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12. THEE NAME STREET ACORESS CHY, ST-7/P THEE NAME STREET ACORESS CHY-ST-7/P	P CHARBONNEAU, JOSEPH 37351 BRADENTON-ARCAL MYAKKA CITY FL 34251 V CHARBONNEAU, JOSEPH 37351 BRADENTON-ARCAL MYAKKA CITY FL 34251 WYAKKA CITY FL 34251	A AND DIRECTORS DEI DEI JR. DIRECTORS DEI DEI A DEI A A A A A A A A A A A A A	(NOTE Register 13 LETE 1.1 12 1.3 1.4 LETE 2.1 22 2.3	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS	ited when reinstaling]	ICERS AND D	Change	Addition
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I do neredy certify that the information supplied with this hilling does not qualify for the exemption stated in Section 118.07(3)(f), horizing statutes. Therefore, the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shalf have the same legal effect as if made under eath; 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.

SIGNATURE

SENATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

NEAU 5/1/97

941-322-226

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