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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069724 (9)

E & J TROOST TRUCKING, INC.

May 15 1997 8:00am
Secretary of State

**FILED** 

Principal Place of Business Mailing Address  1204 S.E. 8TH DRIVE 1204 S.E. 8TH DRIVE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974			5345				
					3. Date incorporated or Qualified 09/05/1995	3a. Date of Last 05/01/1996	
2. Principal	I Place of Business	2a. Mailing Address	····	<del>"</del>	4. FEI Number		Applied For
21		26			65-0610398	<del>}</del>	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State	City & State		6. Election Campaign Financing		O May Be
23 Zip	Country Zip		Cou	ntrv	Trust Fund Contribution		d to Fees
24	25	29	30		8. This corporation has liability for intanglible tax under s. 199.032, Florida Statutes		8. 199.032,
	9. Name and Address of Curr		100		10. Name and Address of New R	<del></del>	
SE	elmi, william jr			81 Name			
306 N.W. 5TH STREET				82 Street A	ddress (P.O. Box Number is Not Accepta	able)	
OKEECHOBEE FL 34972							
				83			
				84 City		- 85 Zi	p Code
							·
office o	rit to the provisions of Sections 607.0 or registered agent, or both, in the Sta	502 and 607.1508, Florida Statut ate of Florida. Such change was a	es, the at authorized	ove-named of by the corpo	orporation submits this statement for the tration's board of directors. I hereby acc	purpose of changing ept the appointment i	its registered as registered
		ligations of, Section 607.0505, Fit	orida Stat	utes.			
SIGNATURI	<ol> <li>Styruture, typed or printed name of registered.</li> </ol>	agent and title I applicable. (NOT	E Registered	Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 T)	LLE.		Change	e 🔲 Addition
NAME	TROOST, EDWIN H		1.2 N/	ME			
STREET ADDRES			1.3 ST	REET ADDRESS			
CITY+\$T+7IP	OKEECHOBEE FL 34974		1.4 0	TY-ST-ZIP			
TITLE	0	☐ DELETE	21 TI	TLE .		Change	e 🔲 Addition
NAME	TROOST, JANICE A		22 N	ME			
STREET ADDRES			2351	REET ADDRESS			
CITY+ST ZIP	OKEECHOBEE FL 34974	DEL DEL		TY - ST - ZIP			
TITLE.		☐ DELETE	3.1 Tr			☐ Change	e L Addition
NAME	and the state of t		32 N				
STREET ADDRES	5			REET ADDRESS			
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NAMÉ		L. DERLIE	4.1 II	1		L., cially	, I'' YOURDU !
STREET ADDRES	22			REET ADDRESS			
CITY-ST-ZIP	252			TY-ST-ZIP			
TITLE		☐ DELETE	51 TI			☐ Change	e Addition
NAME		hand or serve to	5 2 NA			hand Gridings	Book Carlotte
STREET ADDRES	ss		1	REET ADDRESS			
CITY-ST-ZIF	~			TY-ST-ZIP			
1:0.F		DELETE	6171			☐ Change	e Addition
NAME			62 N/				
STREET ADDRES	ss			REET ADDRESS			[
CITY-ST-ZIP				TY-ST-ZIP	•		
	<b>L</b>				···· · · · · · · · · · · · · · · · · ·		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:V

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-27-97

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