FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000070553 (9) **DOCUMENT #** 1. Corporation Name

R & K TRUCKING, INC.

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Principal Place	of Business		Mailing Address						ari ka fuk	H WANT WAR			II BBHBH BI	IOI OILOO IIII FOOF
3660 SW 2ND STREET FORT LAUDERDALE FL 33312			3660 SW 2ND STREET FORT LAUDERDALE FL 33312											
				W 180 F. 1				<u>-</u>	1/1995	or Qualifi	ied :	3a. Date	of Last F	
2. Principal Pla	ce of Business	j	2a, Mailing Address					4. FE Numb	**	120	3-1		-	Applied For
Suite, Apt. #	oto.	26 Suito	Suite, Apt. #, etc.					<u> </u>	- UW	דרח	<u> </u>		¢0.7	Not Applicable 5 Additional
22	, etc.	27	··¬					5. Certificate	e of Statu	is Desired	a [Required
City & State			City & State					6. Election 0	Campaigr	Financin	g		\$5.0	00 May Be
23		28	28					Trust Fur	d Contrib	oution	<u>{</u>			ed to Fees
Ziρ	Country	Z ₍ p)	¬ ' - ¬ '					8. This corp					k under s	199.032,
24	25	29				A		Florida S				A No		
	9. Name and Address of Curre	nt Hegistered	Agent		81	Name		10. Name a	na Adare	88 OI NE	ew Heg	istered A	(gent	
110000	DETTA				B2									
MOORE,	NETTA V 2ND STREET					Street /	Address	(P.O. Box N	umber is	Not Acce	eptable)			
	AUDERDALE FL 33312				83									
roni D	ADDENDATE LE 20015			,									TT =	
				į	84	City						FL	85 2	lip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.150	3, Florida Statute	es, the abo	ve n	ianied co	orporatio	n submits tu	s statem	ent for the	e purpo	se of cha	nging its	registered office
or registere familiar with	ed agent, or both, in the State of Floon, and accept the obligations of, Sec	nda Sach chan chon 607.0505,	ge was authorizi Florida Statutes	ed by the c	orpo	oration s	s board o	r directors. I	nereny ad	ccept the	арроп	imeni as	registere	d agent. Fam
SIGNATURE														
	Signature, typed or protect har lend recentered age.			Six Awai Sered	٠٠٠ مويده	Solid met	recouncid with					DA`L	5165567	25211
12.		ND DIRECTORS	S DEFETE	13.	1.6			ADDITIO	NS/CHAN	IGES TO	OFFICE		DIRECT:	ORS IN 12 Addition
TITLE	PTSD Moore, Retta		□ Octob		1 1 TITLE 1 2 NAME		1						J Gual-ys	☐ Variation
NAME STREET ADDRESS	3660 SW 2ND STREET					ADDRESS								
CITY-ST-ZIF	FORT LAUDERDALE FL 333	212	2			T - ZIP	Ĭ							
TITLE	VD	,,,	[] DELETE	2 1 T		1.71] Change	Addition
NAME	MOORE, KENNETH				ME.									
STREET ADDRESS	3660 SW 2ND STREET			23 SI	REFT	ADDRESS								
CiTY-SI-ZIP	FORT LAUDERDALE FL 333	312		2.4.0	IY-S	I - ZiP								
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STREET ADORESS				3 3 5	TREET	ADDRESS	ŝ							
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STREET ADDRESS						ADDRESS								
ATTREE I NOVINCON							1							

64 CITY S1-ZIP

14. I do hereby certify that the information suppliers with this fling is voluntarily furnished and dress not qualify for the exemption stated in Section 119.07(3)(k), 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 rhyngod, or on an attachment with an address

SIGNATURE:

SIGNATURE:

1. 40 N P SIGNATURE

1. 54 CITY S1-ZIP

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SIGNATURE:

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR