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

Mailing Address

4635 VIRGINIA ST

APOPKA FL 32712

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000077796

Principal Place of Business

4635 VIRGINIA ST APOPKA FL 32712

JOHN COOPER TRUCKING, INC.

US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				10/05/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1685667	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	٠	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22		27			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	e
24	25	29 30	o	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	<u> </u>
Same Carol Couper					
COOPER, CAROL J.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
334	oak park pl.	*,	3110017	17 Riverside Park Drive	
CAS	SELBERRY FL 32707-3369		83		
<del>• • • • • • • • • • • • • • • • • • • </del>				1-10 rdo 41 32810	7
			84 City	等。 第一章	·Zip Cöde 清雪
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 Signature when or protect pages of registered agent and title Registered Agent signature required when reinstating)  DATE					
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12
12.	<del></del>	DELETE	1.1 TITLE	TOC	hange Addition
TITLE	D COOPER CAROL I	_ occirc	12 NAME	Carol Cooper 75 3077 Riverside Park	-
NAME	1 000. 2.4 1.1.1.2.1			3077 RIVERS PORK	Drive
STREET ADDRESS	334 OAK PARK PL.		1.3 STREET ADDRESS	50 /	
CITY-ST-ZIP	CASSELBERRY FL 32707-3369	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Orlando, 71 32810	hange Addition
TITLE	D	□ pereie			,.a.,.go
NAME	COOPER, BOBBIE F		2.2 NAME		Ì
STREET ADDRESS	4635 VIRGINIA ST		2.3 STREET ADDRESS	<del>_</del> = -	
CITY-ST-ZIP	APOPKA FL 32712		2. 4 CITY-ST-ZIP		hange Addition
TITLE		☐ DELETE	3.1 TITLE	Пс	hange [] Addition [
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	□□□	hange
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		hange 🗌 Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		hange
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		ļ
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			0.4 OITT-01-2F		

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:

CITY-ST-ZIP

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90110 036 \*\*\*150.00