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

CORPORATION ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

P95000090857 (0)

MID-FLORIDA TRUCKING, INC.

METZGER, CHRISTINE A 914 WEST SOCRUM LOOP ROAD

LAKELAND FL 33809

Principal Place of Business Mailing Address 914 WEST SOCRUM LOOP ROAD 914 WEST SOCRUM LOOP ROAD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1995 Principal Place of Business 2a. Mailing Address 21 59-334687.1 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country  $Z_{\rm IP}$ 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30.

**B1** Name

63 64 City

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, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE 1.1 TITLE Change NAME METZGER, ECKHARD P 1.2 NAME 914 WEST SOCRUM LOOP ROAD STREET ADDRESS 1.3 STREET ADDRESS <u>AKELAND FL</u> CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE Change Addition 2.1 TITLE NAME METZGER, CHRISTINE A 2.2 NAME STREET ADDRESS 914 WEST SOCRUM LOOP ROAD 2.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 41 TITLE Change ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change TITI F ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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.

4-17-48

**FILED** 

May 04 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

(10/97