May 05, 1999 8:00 am Secretary of State

05-05-1999 90146 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095311

1. Corporation Name

G.H. & S. TRUCKING CORPORATION

Principal Place	e of Business	Mailing Address						
16 FISHERMAN TRAIL		16 FISHERMAN TRAIL						
KEY LARGO FL 33037		KEY LARGO FL 33037				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/15/1995		l
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
<u> </u>	iace of Business	26				65-0629606		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee F	Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip Country		Zip Country				8. This corporation owes the current year	Intangjirle	
24	25	29	30			Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Currer	nt Registered Agent	-1		,	10. Name and Address of New Register	ed Agent	
				81	Name			
	CIA, HERMES			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	isherman trail			32	Ollegt A	ouress (F.O. Box Humber to Hot Hoopman)		
KEY	LARGO FL 33037			83				
							OE Zie	Code
				84	City	F	L 85 Zip	Code
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Sta	tutes.	·	ration's board of directors. I hereby accept the ap		
SIGNATURE	Signature, broad or printed name of registered age	and title if applicable. (NOT	E: Registere	d Agent	signature rec	guired when reinstating) DATE		
	Signature, typed or printed name of registered age		E: Registere		signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.	OFFICERS AF	ant and title if applicable. (NOT NO DIRECTORS			signature rec	44,754 41	AND DIRECT	
12 .	OFFICERS AF	ND DIRECTORS	13.		signature rec	44,754 41		
12. TITLE NAME	OFFICERS AF PD GARCIA, HERMES	ND DIRECTORS	13. 1.1 T 1.2 N	ITLE IAME	signature rec	44,754 41		
12. TITLE NAME STREET ADDRESS	OFFICERS AF PD GARCIA, HERMES 16 FISHERMAN TRAIL	ND DIRECTORS	13. 1.1 T 1.2 M 1.3 S	ITLE IAME	ADDRESS	44,754 41		
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6.4 CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

Sasei HERMES GARCIA GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 of an attachment with an address, with all other like empowered.

ck 2043

Daytime Phone #