## 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

**FILED**
**Mar 29, 1999 8:00 am**
**Secretary of State**
03-29-1999 90078 035 ***150.00

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DOCUMENT # **P96000002745**

1. Corporation Name

**MAC'S TRUCKING INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 2902 BYRR OAK DR<br>TAMPA FL 33618<br>US | P O BOX 340056<br>TAMPA FL 33694<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**01/10/1996**

| 2. Principal Place of Business | | 2a. Mailing Address *2902 Burr Oak Dr* | 4. FEI Number 59-3362333 | Applied For |
|---|---|---|---|---|
| 21 | 26 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 5. Certifcate 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 |
| 24 | 25 | 29 | 30 | Personal Property Tax. ☒Yes ☐No |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
|---|---|---|
| BENNETT, HOWARD<br>2902 BYRR OAK DR<br>TAMPA FL 33618 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City | FL   85 Zip Code |

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 _____    *3-19-99*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|---|
| TITLE | STD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALKER, JAMES | | 1.2 NAME | | |
| STREET ADDRESS | 16305 OAK MANOR DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALSTON, DON | | 2.2 NAME | | |
| STREET ADDRESS | 11514 BRAESIDE PL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33612 | | 2.4 CITY-ST-ZIP | | |
| TITLE | *Bennett, Howard* | ☐ DELETE | 3.1 TITLE | *President* | ☐ Change ☒ Addition |
| NAME | *2902 Burr Oak Dr.* | | 3.2 NAME | *Bennett, Howard* | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | *2902 Burr Oak Dr.* | |
| CITY-ST-ZIP | *Tampa, FL 33618* | | 3.4 CITY-ST-ZIP | *Tampa, FL 33618* | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| 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 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: _____   *3-19-99*   *(813)264-1033*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #