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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003271

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90117 039 ***150.00

Corporation Name			1		
C.F.I. TRUCKING, INC.					
				is iii 33 ios 1115 11311 i	
Principal Place of Business Mailing Address	3		,		
206 TOWER DRIVE 206 TOWER DRIVE					
OLDSMAR FL 34677 OLDSMAR FL 34677			DO NOT WRITE IN T	THIS SPACE	
			3. Date Incorporated or Qualifed	THO OF FIGE	
			01/10/1996		
2. Principal Place of Business 2a. Mailing Addr	ress		4. FEI Number	An	plied For
¬ ''	1633		59-3358588	 	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #	etc.			\$8.75 A	
22 27			5. Certificate of Status Desired	Fee Re	
City & State City & State	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing	\$5.00	May Be
23 28			Trust Fund Contribution	Added to	
Zip Country Zip	Со	ountry	8. This corporation owes the current year	r Intangible	
24 25 29	30		Personal Property Tax.	Yes	<u>□</u> •No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registe	red Agent	
		81 Name			
LENTZ, H. JAMES ESQ.		93 Street	Address (P.O. Box Number is Not Acceptable)		
35111 U.S. 19 NORTH, SUITE 302		82 Street A	Address (F.O. Box Number is Not Acceptable)		1
PALM HARBOR FL 34684		83			
				7-1-1-	
		84 City		FL 85 Zip C	ode
office or registered agent or both, in the State of Florida. Such char	ige was authorize	ed by the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment as req	Algrenen
office or registered agent or both, in the State of Florida. Such char agent. I am familiar with and accept the obligations of, Section 607.	0505, Florida Sta	ed by the corporatutes.	President CF Full King	projniment as rec	yistered
office or registered agent or both, in the State of Florida. Such char agent. I am familiar with and accept the obligations of, Section 607. SIGNATURE Signature, hiped or printed name of registered agent and title if applicable.	0505, Florida Sta	ed by the corporatutes.	pration's board of directors. I nereby accept the a	E	
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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 a attachment with an address, with all other like empowered.

SIGNATURE: