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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90074 030 ***150.00

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1. Corporation Name

BLUERIVER TRUCKING INC

1275					第5 个 公 斯斯		- TOTAL COMPANY				
Principal Place of Business Mailing Address								-		5019 £ 1 5 111 100\$0	#U
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	,							Date Incorporated or Qualifect		- OI AGE	
i								01/29/1996	•		
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1.	lace of Business	ra Elizabe Militar	\vdash	Mailing Address				65-0636361		h	t Applicable
21 Suite Ant	# oto	िक्र वेरोड है। अधिकार	26	Suite, Apt. #, etc.				03 0030301		\$8.75 A	
¬ •••••							5. Certificate of Status Desired		Fee Re		
City & State	e .	1	- 21	City & State				6. Election Campaign Financing		\$5.00	May Be
23		A serie	28					Trust Fund Contribution		Added to	,
Zip	Cou	intry		Zip	Countr	у		8. This corporation owes the cu	rrent year Int	angible	
24	25		29	·	30	-		Personal Property Tax.			□No
24	9. Name and Ad	dress of Curre		ered Agent				10. Name and Address of New	Registered	Agent	
· · ·	5.		7.7	to a first	81	Nam	ie				
WUC	CHTE, RONALD				-	N 04		as (D.O. Day Number is Not Asses	table)		
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					84	City			FI	85 Zip C	Code
11 Dureuant	to the provisions of 5	Sections 607 050	02 and 60	7 1508 Florida State	utes, the abov	/e-nam	ed corpo	pration submits this statement for th	e purpose of	changing its	registered
office or r	registered agent, or h	oth in the State	of Florida	a. Such change was	authorized by	∤tne co	rporation	n's board of directors. I hereby acc	ept the appoi	ntment as rec	gistered
agent. I a	m familiar with, and	accept the obliga	ations of,	Section 607.0505, F	ionda Statute	S.					
-		Carry .									I
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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 an attachment with an address, with all other like empowered.

SIGNATURE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

56/465-1153 Daytime Phone #

CR2F034 (11/98)