Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

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 # P96000013339

24

FRANK WALKER TRUCKING, INC.

Principal Place of Business	Maiting Address
522 ORANGE STREET AUBURNDALE FL 33823	522 ORANGE STREET AUBURNDALE FL 33823

2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27 City & State City & State 28 23

Country Zip Country Zip 25 30 29 9. Name and Address of Current Registered Agent

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90077 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

02/13/1996 4. FEI Number

65-0638251

WALKER, FRANKLIN B				<u> </u>	CO C				
522 ORANGE STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)		ŀ		
AUBURNDALE FL 33823			83						
			84	City	·	L 85 Zip C	ode		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				named c			registered		
office or re	egistered agent, or both, in the State of Flo n familiar with, and accept the obligations	rida. Such change was autl	horized by	the corpo	oration's board of directors. I hereby accept the app	pointment as reg	jistered		
SIGNATURE				1	equired when reinstating) DATE				
12.	Signature, typed or printed name of registered agent and to OFFICERS AND DIS		13.	signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	D OF TICERS AND BU	DELETE	1.1 TITLE		7.0017101101	Change	Addition		
	WALKER, FRANKLIN B		1.2 NAME						
NAME	522 ORANGE STREET		1.3 STREET	ADDRESS					
STREET ADDRESS	AUBURNDALE FL 33823		1	1					
CITY-ST-ZIP TITLE	D SOUTH STATE OF THE STATE OF T	☐ DELETE	1.4 CITY - ST 2.1 TITLE	-212		[] Change	Addition		
	WALKER, DOYLE L	- Bette	2.2 NAME			ي	_ ,		
NAME									
STREET ADDRESS	4616 E. MCKENZIE STREET		2.3 STREET		,				
CITY-ST-ZIP	FRESNO CA 93702	☐ DELETE	2.4 CITY-S	T-ZIP		Change	Addition		
TITLE	D	□ here is	3.1 TITLE			Change			
NAME	WALKER, MARY L		3.2 NAME						
STREET ADDRESS	522 ORANGE STREET		3.3 STREET	ADDRESS					
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4. CITY-S	T-ZIP		Change	☐ Addition		
TITLE		☐ DELETE	4.1 TITLE				□ Audition		
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		4,	•			
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S1	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		<u></u>				
14. I hereby c	ertify that the information supplied with this	filing does not qualify for t	he exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	nformation		

81 Name

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 adgress, with all other like empowered.

B. Walker 3-12-99 941.551-9099