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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B: Morthayn

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000021963 (9)

### **BUNNY LOWE TRUCKING INCORPORATED**

Principal Place of Business

Mailing Address

408 NORTHEAST 7TH STREET OKEECHOBEE FL \$4972

406 NORTHEAST 7TH STREET OKEECHOBEE FL 34972-2681

## FILED Jun 19 1997 8:00am Secretary of State



AMERIL 343 ALI	Country 25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	28. Mailing Addres 26 Suite, Apt. #, e 27 City & State 28 Zip 29 Registered Agent	tc.	Country	Name	3. Date Incorporated or Qualified 03/11/1996  4. FEI Number 5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	\$5.0 Add ntangible tax under	Applied For Not Applicable 5 Additional Required DO May Be ad to Fees
Suite, Apt. #, e 22 City & State 23 Zip 24 AMERIL 343 ALI	Country 25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	26 Suite, Apt. #, e 27 City & State 28 Zip 29	tc.	81		<ul> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing Trust Fund Contribution</li> <li>8. This corporation has liability for in Florida Statutes</li> </ul>	\$5.0 Add ntangible tax under	Not Applicable  5 Additional Required  D0 May Be ed to Fees
Suite, Apt. #, 6  22  City & State  23  Zip  AMERIL  343 ALI	Country 25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	Suite, Apt. #, e 27 City & State 28 Zip 29		81		5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	\$5.0 Add ntangible tax under	5 Additional Required 00 May Be ed to Fees
City & State  Zip  Zip  AMERIL  343 ALI	Country 25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	27 City & State 28 Zip 29		81		B. Election Campaign Financing     Trust Fund Contribution     B. This corporation has liability for in     Florida Statutes	\$5.0 Add ntangible tax under	Required  OO May Be ed to Fees
Zip 24 AMERIL 343 ALI	25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	28 Zip		81		Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	ntangible tax under	ed to Fees
Zip 24 AMERIL 343 ALI	25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	Zip 29		81		8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes	
AMERIL 343 ALI	25 9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134	29		81		Florida Statutes	Yes 🗌 No	er s. 199.032,
AMERIL 343 ALI	9. Name and Address of Current AWYER CHARTERED MERIA AVENUE GABLES FL 33134		30		Name		· · · · · <del></del> · · · · · · · · ·	
AMERIL 343 ALI	AWYER CHARTERED MERIA AVENUE GABLES FL 33134	Registered Agent			Name	10. Name and Address of New Reg	jistered Agent	
343 ALI	Meria avenue Gables fl 33134				Name			
	GABLES FL 33134			82				
CORAL					82 Street Address (P.O. Box Number is Not Acceptable)			
	he provisions of Sections 607.0502						,	
	he provisions of Sections 607,0502			83				
s I	he provisions of Sections 607.0502			84	City		FL 85 2	Zip Code
11 Pursuant to ti	tio biotialogia di degitoria dall'occi-	2 and 607 1508. Florida	Statutes the	e above	e-named corr	ogration submits this statement for the or		in its registered
office or regis	stered agent, or both, in the State amiliar with, and accept the obliga	of Florida. Such change tions of, Section 607.05	e was author 505, Florida	rized by Statutes	the corporal	poration submits this statement for the pution's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE Sign	nature, typed or printed name of registered ager	and title if applicable	(NOTE Regis	stered Age	en! signature requi	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
	TO	☐ DELE	TE 1	LI TITLE	]		Chan	ge Addition
	OWE, GREGORY L		1	.2 NAME				
	06 NORTHEAST 7TH STREET		1	.3 STREET	ADDRESS			
CITY-ST-ZIP 0	KEECHOBEE FL 34972		1	.4 CITY - S	1-2IP			
	SD .	☐ DELE	TE 2	E.1 TITLE			☐ Chan	ge 🔲 Addition
	OWE, DIANNE M		2	2.2 NAME				
STREET ADDRESS 4	06 NORTHEAST 7TH STREET		2	.3 STREET	ADDRESS			
CITY-ST-ZIP 0	KEECHOBEE FL 34972		2	2. 4 CITY - S	S1 - ZIP			
TITLE		DELF	TE 3	3.1 TOLE			☐ Chan	ge 🔲 Addition
NAME			3	3.2 NAME				
STREET ADDRESS			3	9.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S	51 - ZIP			
TITLE		DELE	ETE 4	I.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			4	I. 2 NAME				
STREET ADDRESS			4	1.3 STREET	ADDRESS			
CITY-ST-ZIP			4	1.4 CITY - S	T-71P			
TITLE		☐ DELE	TE 5	i.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			5	.2 NAME				
STREET ADDRESS			5	i.3 STREET	ADDRESS			
CITY-ST-ZIP			5	6.4 CITY - S	1 - Z(P			
TITLE	<del>***</del>	☐ DELE		S.1 TILLE			☐ Chan	ge Addition
NAME			6	S.2 NAME				
STREET ADDRESS			6	3.3 \$TRÉÉT	ADDRESS			
CITY-ST-ZIP								
CITY-ST-ZIP TITLE		☐ DELE	TE 6	5.4 CITY - S 5.1 TITLE			☐ Chan	ge Addition

14. I do 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 charged, or on an attachment with an address.

AMATHON MARKETTO