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
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90125 013 ***150.00

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DOCUMENT # **P96000035471**

1. Corporation Name
FORT MYERS TRUCKING, INC.

Principal Place of Business	Mailing Address
615 SE 21ST TERRACE CAPE CORAL FL 33990	615 SE 21ST TERRACE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1996

2. Principal Place of Business	2a. Mailing Address
21 944 Country Club Blvd	26 SAME
Suite, Apt. #, etc. 22 #101	Suite, Apt. #, etc. 27
City & State 23 Cape Coral, FL	City & State 28
Zip / Country 24 33990 25 USA	Zip / Country 29 30

4. FEI Number: 65-0674955 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRIOLLO, MANUEL N 615 SE 21ST TERRACE CAPE CORAL FL 33990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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: X Manuel N. Criollo 1/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRIOLLO, MANUEL N		1.2 NAME	
STREET ADDRESS	615 SE 21ST TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CALDERON, JOSELIN		2.2 NAME	
STREET ADDRESS	2209 SE 9TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALDERON, RAFAEL		3.2 NAME	
STREET ADDRESS	2209 SE 9TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRIOLLO, MANUEL J.		4.2 NAME	
STREET ADDRESS	1715 SE 8TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		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	

CR2E034 (11/98)

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: X _____ 1-14-99 458-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #