SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038967 (1)

CHUCK'S TRUCKING, INC.

FILED 97 SEP -5 AM 11: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place of Business Mailing Address							** *****	
9077 HAMLIN RD W 9077 HAMLIN RD FT MYERS FL 33912 FT MYERS FL 33								
FI MIERO FE	33912	ri Mieno r	FT MYERS FL 33912			DO NOT WRITE IN THIS SPACE		
]						3. Date Incorporated or Qualified	3a. Date of Last Repo	ort
ì						05/01/1996		
2. Principal P	Place of Business	2a. Mailing A	2a. Mailing Address 26			4. FEI Number 65-0660233		ed For pplicable
Suite, Apt	#, etc.	Suite, Ap	it. #, etc.				S8.75 Add Fee Regul	
City & State City & State			ate			6. Election Campaign Financing \$5.00 May Be		
28						Trust Fund Contribution		
	Zip Country Zip		Country		,	8. This corporation owes or has paid the current year Intangible		
24	25 29 3. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		of Current Hegistered Age	int	81	Name	10. Name and Address of New Hegi	stered Agent	
	LLINS, CHARLES D			81	Name			i
ı	7 HAMLIN RD W				Street Add	dress (P.O. Box Number is Not Acceptable)		
[FT	MYERS FL 33912			63	ļ			
				63	ĺ			
				84	City		FI 85 Zip Cod	de
dd Dwennet	to the excusions of Cootio	no CO7 OCA2 and CO7 1500 5	Torido Chabutou	o the about	2.000000	rporation submits this statement for the pur	_ · · · · · · · · · · · · · · · · · · ·	
office or r agent. I a	registered agent, or both, i am familiar with, and accep	in the State of Florida. Such c of the obligations of, Section (thange was au 607.0505, Flor	s, me abov uthorized by ida Statute	y the corpora s.	poration submits this statement for the puration's board of directors. I hereby accept	the appointment as reg	istered
SIGNATURE								
		registered agost and life if applicable ICERS AND DIRECTORS	-1FON)		ont signature requ	uired when reinstating)	DATE DISECTORO	N. 42.
12.	DP OIT		DELETE	13.		ADDITIONS/CHANGES TO OFFICE		Addition
NAME	MULLINS, CHARLES	-	_ beer		Ì		CT Olianido C	_ Vontrion
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	FT MYERS FL 33912							
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TITLE			DELETE	6.1 TITLE			Change L	Ad dition
NAME				6.2 NAME			[/ DX	ĺ
STREET ADDRESS				6.3 STREET	AUDRESS		17 -7 81	1

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 changed, or on an attachment with an address.