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 # P9600040064

1. Corporation Name

MIKE'S TRUCK SERVICE, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90008 018 ***150.00

Principal Place	e of Business	Mailing Address						91611 45111 9611	
1419 HILLCRES									
1419 HILLCREST DRIVE LAKE WORTH FL 33461 LAKE WORTH FL 33461						ST - DO NOT WIDE	A	00405	
					F	ואיין טווי טע	IE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
2 Principal P	Place of Business	2a Mailing Address				05/07/1996 4. FEI Number			nnlied For
\vdash iii	16 69+h 5+N	2a. Mailing Address	69th	SEN	A DIM			 - -	pplied For
21 (c. Suite, Apt.		, 26) 1 (0 (Suite, Apt. #, etc.	U 1	<u> </u>	ייד וטי	65-0665416			ot Applicable Additional
22	w, 610.	27				5. Certifcate of Status Desired		•	equired
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23 40)	\cdot	· ·	~ h e	o FL	_,	Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry	-	8. This corporation owes the curr	ent vear int		
24 334	20 25 ÚSA	<u>™33470</u>	30	11SA	_	Personal Property Tax.	siir your iii	Yes	□No
	9. Name and Address of Current	Registered Agent	11	<u> </u>		10. Name and Address of New F	legistered	Agent	
				81 Name					
Kennedy, Eugene M ESQ.				82 Street	Addroca	(P.O. Box Number is Not Accepte	hle)		
517		oz Sueet/	Auu os	Tr.O. Box Number is Not Accepte	ibie)				
FT. i	LAUDERDALE FL 33301			83		. —————————————————————————————————————			
				0.4 1.50					
				84 City			FL	85 Zip	Code
11Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the at	ove-named	согрога	tion submits this statement for the	purpose of	changing it	s registered —
	egistered agent, or both, in the State of m familiar with, and accept the obligation				oration's	board of directors. I hereby accep	it the appoi	ntment as re	egistered
	m laminar with, and decept the obligate	113 OF, OCCUPANT OUT, 0000, 1 NO	rica Otati						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature re	equired wh	en reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TH	LE				☐ Change	☐ Addition
NAME	STOUTT, DEREK M		1.2 NA	ME					
STREET ADDRESS	1419 HILLCREST DRIVE		1.3 STI	REET ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33461		1,4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	2.1 TIT	TE				Change	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET ADDRESS					
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	3.1 TIT	LE				Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET ADORESS					
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP	·				
TITLE		☐ DELETE	4.1 TIT	LE				Change	_ Addition
NAME			4. 2 NA	ME				•	
STREET ADDRESS			4.3 STI	REET ADDRESS					
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP					
TILE		☐ DELETE	5.1 TIT	LE		piocos corps,		☐ Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET ADORESS		·			
CITY-\$T-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE		/ ABA 0		☐ Change	☐ Addition
NAME			6.2 NA	ME		v# 2808 V∥19 9			
STREET ADDRESS	İ		6.3 ST	REET ADDRESS		111198			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		11 11 1 1			

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: