## 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 # P96000040558

JOHN MULLIS TRUCKING, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90119 046 \*\*\*150.00



4997 COUNTY RD 208					DO NOT WRITE IN 3. Date Incorporated or Qualifed 05/06/1996	THIS SPACE	
Principal Place of Business     2a. Mailing Address				1 2 . 12	4 EEI Number		Applied For
21 49	25 County Rd 204	26 4975 Con	nts Ka	x 20x	59-3385901		Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 ST. Ausust.			The HA		5. Certificate of Status Desired		5 Additional Required
21. 4975 Corenty Rd 204  26. H975 Corenty Rd 204  Suite, Apt. #, etc.  22. 51. Ausus/TNC, 711  City & State  23. 32.092 57. Johns 28. 32092  Zin Country  Zin Country  Zin Mailing Address  24. Mailing Address  City & State  25. Ausus/Size  26. H975 Co			ST. Johns		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 3	_		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
MULLIS, JOHN 4997 COUNTY RD 208				Street Addr	ress (P.O. Box Number is Not Acceptable)		
ST A	AUGUSTINE FL 32092		83				
			84	City		FL  85   Z	ip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o em familiar with, and accept the obligation of the state of the sta	f Florida. Such change was aut ons of, Section 607.0505, Florid	norized by a Statutes	the corporation	poration submits this statement for the purposon's board of directors. I hereby accept the a	ірроілітелі аз	its registered registered
12	OFFICERS AND		13.	nt aignaturo roquiro	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		7.5517101107617411023 1 9 01 1 102X	Chan	
NAME	MULLIS, JOHN		1.2 NAME				
STREET ADDRESS			13 STREE	TADORESS			l
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-S	T-ZIP			
TITLE		DELETE	2.1 TITLE			Chan	ge 🗌 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	· · ·		
TITLE		☐ DELETE	31 TMLE		•	Chan	ge 🗌 Addition
NAME			3.2 NAME	Ì			Ì
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		Classer	3.4. CITY-5	ST-ZIP		Chan	ge Addition
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NAME			4.2 NAME				ļ
STREET ADDRESS			4	T ADDRESS			Ţ
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-S	11-211		Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			54 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			Chan	ge Addition
INAME			6.2 NAME				l
NAME STREET ADDRESS			4	T ADDRESS			ļ

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 chapted or own attachment with an address, with all other like empowered.

SIGNATURE: