Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90091 026 ***150.00

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 # P96000057445

1. Corporation	IRBY TRUCKING, INC.	0007440					
Principal Plac	e of Business	Mailing Address))1881 BILL 1881
5625 N.E. 3RD LANE P.O. BOX 2126							
OKEECHOBEE FL 34972 OKEECHOBEE FL 34973					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed	TIO OF AGE	
					07/05/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	T Ap	plied For
21		26			65-0692521	- · · · · ·	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	\dditional
22					5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		,
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
SELL	MI, WILLIAM JR		6'	Name			
306 N.W. 5TH STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	ECHOBEE FL 34972		83				
02			63		·		
			84	City		85 Zip C	Code
44 Durauant	to the provisions of Costiana 607	0502 and 607 1509 Florida Statuto	s the abov	e named con	poration submits this statement for the purpose		registered
office or r	registered agent, or both, in the St	tate of Florida. Such change was au	thorized by	the corporati	ion's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I a	im familiar with, and accept the of	bligations of, Section 607.0505, Flori	da Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating) DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ELIZABETH KIRBY		1.2 NAME				
STREET ADDRESS	5625 NE 3RD LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL		14 CITY-S	iT-ZIP			
TITLE	VPT	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	RAYMOND KIRBY		2.2 NAME				
STREET ADDRESS	5625 NE 3RD LANE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	OKEECHOBBE FL		2 4 CITY-5	ST-ZIP	·		
TITLE	☐ DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	,			
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			1	TADORESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP		————	
TITLE ,		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: _,

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

271-55

94/467-6722 Daylime Phone # R2F034 (11/98)