Jun 18, 1999 8:00 am Secretary of State

06-18-1999 90011 021 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000061077**1. Corporation Name

Principal Place of Business

SIGNATUR

P & B TRUCKING, INC.

7306 S PINE WALK DR . CORAL SPRINGS FL 33063		CORAL SPRINGS FL 33063		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				07/19/1996	1
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0685120	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	···	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State	_	6. Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. Yes You No	
Name and Address of Current Registered Agent			04 Nove	10. Name and Address of New Registered	Agent
CDANT EDITZ					
GRANT, FRITZ 2741 CYPRESS AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MAR FL 33025		83 420	O YIW 16TH STREET	
MILLA	MAN 1 E 33023		63		
			84 City ,	Nu X-Maria	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				(red when reinstation) DATE	
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.		DELETE	1.1 TITLE	ADDITIONS/OTIANGED TO OTITIOERO AN	☐ Change ☐ Addition
TITLE	D D D D D D D D D D D D D D D D D D D	C) Section	1.2 NAME		_ '
NAME	PERKINS, ROAUL 7306 S PINE WALK DR		1.3 STREET ADDRESS		
STREET ADDRESS	CORAL SPRINGS FL 33063		1.4 CITY-ST-ZIP] ;
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE NAME	BROWN, GEORGIA		2.2 NAME		
	7306 S PINE WALK DR		2.3 STREET ADDRESS		
STREET ADDRESS	CORAL SPRINGS FL 33063		2.4 CITY: ST-ZIP.		
CITY-ST-ZIP	COME SEMINOS EL SOOS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
			3.2 NAME		
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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.