

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

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McRitham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072905 (8)

1. Corporation Name
HURRICANE TRUCKING, INC.

Principal Place of Business

97 DEER CREEK ROAD
SUITE L-107
DEERFIELD BEACH FL 33442

Mailing Address

97 DEER CREEK ROAD
SUITE L-107
DEERFIELD BEACH FL 33442-7895



3. Date Incorporated or Qualified 09/03/1996
3a. Date of Last Report

2. Principal Place of Business
21 3203 DOVER Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 3203 DOVER Rd
Suite, Apt. #, etc.

4. FEI Number 65-0697277
Applied For Not Applicable

22 City & State
23 Pompano Beach FL

27 City & State
28 Pompano Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33062 25 Country Broward

29 Zip 33062 30 Country Broward

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMISEK, MICHAEL S
97 DEER CREEK ROAD
SUITE L-107
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> DELETE
NAME	SMISEK, MICHAEL S	
STREET ADDRESS	97 DEER CREEK ROAD, #L 107	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMISEK, PATRICIA	
STREET ADDRESS	97 DEER CREEK ROAD, #L 107	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMISEK, MICHAEL S.	
1.3 STREET ADDRESS	3203 DOVER Rd	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMISEK, PATRICIA	
2.3 STREET ADDRESS	3203 DOVER Rd	
2.4 CITY-ST-ZIP	Pompano Beach FL 33062	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date Daytime Phone #

CR2E034 (9/96)