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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State, 🔒 DIVISION OF CORPORATIONS

## DOCUMENT # P96000073964 (4)

AACTION TRUCKING OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

15401 SWEETWATER COURT

15401 SWEETWATER COURT

## **FILED** Jun 18 1997 8:00am Secretary of State



FORT MYERS FL 33912		FORT MYERS FL 33912-2353					
					3. Date Incorporated or Qualified 09/03/1996	3a. Date of	Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		1/57/	4. FELNumber	1	Applied For
21 1023	Q Thomas Rol	26 Y.O. 150		1086	65-0695044		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Dosired	1 1	3.75 Additional Fee Required
City & State	nuers. Fl	City & State	<u>, [-]</u>	,	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
24 339 I	Country	29 33911 3	Country	0.	This corporation has liability for in Florida Statutes	jtangible tax u Yes ☐ No	
	9. Name and Address of Current				10. Name and Address of New Reg	istered Agen	t
O'LE	ARY, D M ESQ		B1	Name			
101 E. KENNEDY BOULEVARD #2700				82 Street Address (P.O. Box Number is Not Acceptable)			
	PA FL 33602			Shept Addres	ss (F.O. Exix Hullider is Not Acceptab	. <del></del>	
			83				
.   <u>-</u>			64	City		FL 85	'
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was auf	thorized by	the corporatio	ration submits this statement for the pain's board of directors. I hereby accep	urpose of char t the appointm	iging its registered lent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable: (NOTE: 8	Registered Age	int signature required	d when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE				hange 🔲 Addition
NAME	EISENMAN, JIM O		1.2 NAME				
STREET ADDRESS	15401 SWEETWATER COURT		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY-S	1-7IP			
TITLE		DELETE	2.1 TITLE	1			change
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	1. The state of th		2.4 CITY-S	ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE	i			hange L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP		Printe	3.4. CHY- S	31 - ZIP			San Delation
TITLE		☐ DELETE	4.1 TITLE				Change Addition
NAME			, 4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		- CELETE	4.4 CITY-S	T-ZIP			hange Addition
TITLE		☐ DELETE	5.1 TITLE			ப	Change L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T - 71P			
TITLE		☐ DELETE	6.1 TITLE				Change
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14. I do hereb	by certify that the information supplied	with this filling does not qualify	for the exe	mption stated i	in Section 119.07(3)(i), Florida Statutes	s. I further certi	ify 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.

and 110 950-0