

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90033 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074105

1. Corporation Name

CHRISTIAN HAULING COMPANY INC.



Principal Place of Business

224 N. 46TH STREET, SUITE G-2
TAMPA FL 33610

902 Maydell Ct.
Tampa FL 33619

Mailing Address

304 N. 46TH STREET, SUITE G-2
TAMPA FL 33610

902 Maydell Ct.
Tampa FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3369394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THOMPSON, CLYDE D
902 MAYDELL COURT
TAMPA FL 33619

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

Clyde D. Thompson

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 ☐ DELETE

NAME
BROOKS, SANDRA A
STREET ADDRESS
902 MAYDELL CT.
CITY-ST-ZIP
TAMPA FL 33619

TITLE ☐ DELETE

NAME
DIXON, DAN L
STREET ADDRESS
13125 WILCOX ROAD, #5A5
CITY-ST-ZIP
LARGO FL 34644

TITLE ☐ DELETE

NAME
THOMPSON, CLYDE D
STREET ADDRESS
902 MAYDELL CT.
CITY-ST-ZIP
TAMPA FL 33619

TITLE ☐ DELETE

NAME
MARSHALL, NATHANIAL
STREET ADDRESS
105 CACTUS ROAD
CITY-ST-ZIP
SEFFNER FL 33584

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
Brooks, Sandra A.
STREET ADDRESS
902 Maydell Ct
CITY-ST-ZIP
TAMPA FL 33619

2.1 TITLE ☐ Change ☐ Addition

NAME
DAN DIXON
STREET ADDRESS
131 WILCOX RD #5A5
CITY-ST-ZIP
LARGO FL 34644

3.1 TITLE ☒ Change ☐ Addition

NAME
THOMPSON, CLYDE D
STREET ADDRESS
902 Maydell Ct
CITY-ST-ZIP
TAMPA, FL 33619

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE:

Clyde D. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813/621-8365

CR2E034 (11/98)