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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074723 (3)**

1. Corporation Name

C.L.B. TRUCKING INC.

Principal Place of Business

441 US HWY 441
CANAL POINT FL 33438
US

Mailing Address

PO BOX 516
CANAL POINT FL 33438
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

65-0700219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **441 U.S. HWY 441**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. BOX 516**
Suite, Apt. #, etc.

City & State

23 **CANAL POINT, FL**

Zip Country

24 **33438** 25 **USA**

City & State

28 **CANAL POINT, FL**

Zip Country

29 **33438** 30 **USA**

9. Name and Address of Current Registered Agent

BOLDIN, CONNIE LEE
441 US HWY 441
CANAL POINT FL 33438

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.

CONNIE L. BOLDIN, PRESIDENT

01/25/98

(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BOLDIN, CONNIE LEE**

STREET ADDRESS **441 US HWY 441**

CITY - ST - ZIP **CANAL POINT FL**

TITLE ☐ DELETE

NAME **VPT**

STREET ADDRESS **ABRAMS, JESSIE M**

CITY - ST - ZIP **441 US HWY 441**

CANAL POINT FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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.

SIGNATURE

JESSIE M. ABRAMS - V. PRESIDENT 01/25/98

CR2E034 (10/97)