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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000077838 (6)

H & H TRUCKING CO.

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NAME

TITLE

FILED Apr 15 1997 8:00am Secretary of State

H & H 1	FRUCKING CO.							il ili ik (11 1)			
Principal Plac	e of Business	Mailing Address	Mailing Address				T VERKIRRI AM IBAIR BAIRI BRIAL BRIAL BRIAL BRIAL BRIAL HORAL HERBI VALUE (ATAR HER) HERA				
6054 WAUCON LAKE WORTH	IDA WAY EAST FL 33463-5864	6054 WAUCONDA WAY EAST LAKE WORTH FL 33463-5864									
							te Incorporated or Qualified	3a. Da	te of Last R	eport	
<u> </u>	lace of Business	26	26			4. FEI	Number 5-0703408)		plied For t Applicable	
Suite, Ant		27				5. Cer	rtificate of Status Desired		\$8.75 / Fee Re		
City & Stali	·	City & State]			•	ction Campaign Financing st Fund Contribution		\$5.00 Added t		
Ζιρ (4)	Country 25	7ip 29	30 Co	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes SV ves No				
	9. Name and Address of Curren	it Registered Agent		81	N	10. Nar	me and Address of New Re	gistered #	gent		
MORENO, ENRIQUE				יים	Name	<u>.</u>					
6054 WAUCONDA WAY EAST LAKE WORTH FL 33463-5864				82	Street Addr	Address (P.O. Box Number is Not Acceptable)					
				83							
				84	FL "				1 ('	-	
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the collections of the	2 and 607.1508, Florid of Florida. Such chan ations of, Section 607. <i>LEN</i> O		above ed by atutes	e-named corp the corporat s.	ooration sul tion's board	bmits this statement for the p d of directors. I hereby accep	ourpose of ot the appo	changing its pintment as	s registered registered	
SIGNATURE I	Signature: typed or proted name of registered age	int and little if applicable	POCSAL (NOTE: Register	ad Age	ent signature requir	red when reinst	tating)	DATE		1.1	
12.	OFFICERS AND	D DIRECTORS	13		· · · · · · · · · · · · · · · · · · ·		ITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
Tifle	D	☐ DE	.ETE 1,1 TITI		7			······································	Change	Addition	
NAME	MORENO, ENRIQUE			12 NAME							
STREET ADDRESS			1.3	1.3 STREET ADDR							
CITY - ST- ZIP	LAKE WORTH FL 33563-5864			1.4 CITY-ST-ZIP							
TITLE	D			21 TITLE					Change	Addition	
NAME	MORENO, OLGA L		I ·	2.2 NAME							
STREET ADDRESS			2.3	2.3 STREET ADDRESS							
CHY-ST-ZIP	LAKE WORTH FL 33563-5864	T DE		CITY - S	ST-ZIP				1 0	171022	
THE		[_] UE		TITLE	}				Change	Addition	
NAME			3.2	NAME	- 1						

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LAKE WORTH FL 33563-5864 CHY-ST-ZIE 2. 4 CITY - ST - ZIP DELETE THE 3.1 TITLE NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7:E 3.4. DITY - ST - ZIP DELETE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-70 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - \$1 - 7IF 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 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 this corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name