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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085982

1. Corporation											
CARL TH	HOMPSON TRUCKING INC.						-				
	4										
Principal Place	e of Business	Ma	ailing Address								
815 BRADDOCK ROAD 815 BRADDOCK ROAD							- 1				
AUBURNDALE FL 33823								DO NOT WRITE IN THIS SPACE			
							H	3. Date Incorporated or Qualifed			
	•						Į	10/17/1996			
3 D=====1D	Language Discipance	22	Mailing Address				\dashv	4. FEI Number		Apr	olied For
	lace of Business	⊢	Mailing Address				- 1	59-3431780		<u>``</u>	Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.				-			\$8.75 A	
—	#, etc.	h=1	Outo, Apr. w, oto.				ļ	5. Certificate of Status Desired		Fee Rec	
City & State		27	City & State					6. Election Campaign Financing		\$5.00	May Be
一 ・		28	on, a ondi					Trust Fund Contribution		Added to	•
23 Zip	Country	201	Zip	Coun	itry			8. This corporation owes the current	vear int	angible	
24	25	29	· ·	30	•		Ì	Personal Property Tax.			□No
	9. Name and Address of Currer			<u> </u>				10. Name and Address of New Reg	jistered	Agent	
3. Maine and Address of Our ent Registers Agent						Name					
THO	MPSON, CARL			Į.	_	<u> </u>		IDO D. N. has in Net A contable			
815 BRADDOCK ROAD					82 Street Addr			(P.O. Box Number is Not Acceptabl	3)		ĺ
AUBURNDALE FL 33823					83						
				L							
				į.	84	City		•	FL	85 Zip C	ode
11 Duranont	to the provisions of Sections 607.050	12 and 6	07 1508 Florida Statute	s the ab	nve.	-named co	rpora	tion submits this statement for the pu	mose of	changing its i	registered
office or r	registered agent or both in the State	of Floric	ia. Such change was au	tnonzea	DV I	ine corpora	ition's	s board of directors. I hereby accept t	he appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flori	da Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered age	ant and title	f andicable (NOTE:	Registered A	Agent	l signature requ	ired wh	ien reinstating)	DATE		
12,	OFFICERS AN			13.	•			ADDITIONS/CHANGES TO OFFIC	CERS AN	ND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TIT	ĿΕ	$ \top$. Change	☐ Addition
NAME	THOMPSON, CARL			1.2 NAA	ΜE				^		-
STREET ADDRESS	815 BRADDOCK ROAD			1.3 STF	REET.	ADDRESS					
	AUBURNDALE FL 33823			1.4 CIT		1		•			
CITY-ST-ZIP	-D	ر کے پہنچیاں میں	DELETE~	2,1 TITL		2 2 - 2 - 1	مندرستان	The state of the s		Chánge Chánge	Addition
NAME	THOMPSON, LINDA		_	2.2 NAJ	ME	-					ļ
STREET ADDRESS	815 BRADDOCK ROAD					ADORESS					
	AUBURNDALE FL 33823			2.4 CIT							
CITY-ST-ZIP TITLE	AUBURNDALL I L 33823		☐ DELETE	3.1 TITL		,- <u>LIF</u>		-		☐ Change	Addition
				3.2 NA		1		•		_	\
NAME						ADDRESS					
STREET ADDRESS				3.4. C/T							
CITY-ST-ZIP			☐ DELETE	4.1 TITL		1-2IF				☐ Change	Addition
TITLE			ال الدداد	4.1 MA		}					_]
NAME						ADDRESS					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	4.4 CIT		-ZIP				☐ Change	Addition
TITLE			LI VELETE	5.1 TfT 5.2 NA							
. NAME				1		ADDRESS					
STREET ADDRESS								•			
CITY-ST-ZIP				5.4 CIT 6.1 TIT		-212				Change	Addition
TITLE	.		☐ DELETE	- 1						L.I Griange	(Addition
NAME	I			6.2 NA	ME	ı					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP