PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087483

1. Corporation Name

RICK'S TRANSPORT & EQUIPMENT, INC.

Mailing Address Principal Place of Business 10025 HWY 301 N 10025 HWY 301 N TEMPLE TERR FL 33637 TEMPLE TERR FL 33437

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90074 022 ***150.00

_ 	30 114 3113 3 1014 1004 0100 4010 401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							10/23/1996					
2. Principal Pl	ace of Business	2a. l	Mailing Address				4. FEI Number	_	$-\Box$	Applied For		
21		26		_			59-3405411			Not Applicable		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Required		
City & State			City & State		_		6. Election Campaign Financing		\$5.0	0 May Be		
23							Trust Fund Contribution		Adde	ed to Fees		
Zip	Country		Zip	Country	У		8. This corporation owes the currer	it year Inta		_		
24	25	2930					Personal Property Tax.		Yes	□No		
	9. Name and Address of Current	Registe	ered Agent	81			10. Name and Address of New Re	gistered /	Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					'	Name						
					82 Street Address (P.O. Box Number is Not Acceptable)							
	ALIMENIA AVENUE AL GABLES FL 33134			_								
UUN	AL GABLES FL 33134			83	3							
				84	4	City			85 Z	ip Code		
					L			<u>FL</u>	44			
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 (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND			13.	gin s	signature requi	ADDITIONS/CHANGES TO OFFI		D DIREC	TORS IN 12		
TITLE	DP OF THE PARTY OF	<i>D</i>	DELETE	1.1 TITLE	_				☐ Chan			
NAME	STRICKLAND, RICKY W			1.2 NAME		}				}		
STREET ADDRESS	12103 RIVERHILLS DR			1.3 STREE		NDDRESS .				-		
CITY-ST-ZIP	TAMPA FL 33617			1.4 CITY-5								
TITLE	V		DELETE	2.1 TITLE					Chang	ge Addition		
NAME	STRICKLAND, JOHN C JR			2.2 NAME						ļ		
STREET ADDRESS	12103 RIVERHILLS DR			2.3 STREE	ETA	VDDRESS						
CITY-ST-ZIP	TAMPA FL_33617			2.4 CITY-	ST-	-ZIP				}		
TITLE	ST		☐ DELETE	3.1 TITLE					Chang	ge Addition		
NAME	STRICKLAND, FAYELYNN P			32 NAME								
STREET ADDRESS	12103 RIVERHILLS DR			3.3 STREE	ΕΓΑ	ADDRESS				ţ		
CITY-ST-ZIP	TAMPA FL 33617			3.4. CITY-	ST-	-ZiP						
TITLE	TO THE PARTY.		☐ DELETE	4.1 TITLE					Chan	ge		
NAME				4. 2 NAME	Ξ	1				}		
STREET ADDRESS				4.3 STREE	ET A	ADDRESS				{		
CITY-ST-ZIP				4.4 CITY-								
TITLE	A - 144		☐ DELETE	5.1 TITLE	_				Chan	ge Addition		
NAME	.*			5.2 NAME								
STREET ADDRESS				5.3 STREE	ET A	NOORESS						
CITY-ST-ZIP				54 CITY-	ST-1	ZIP						
TITLE			☐ DELETE	6.1 TITLE	_				Chan	ge Addition		
NAME				6.2 NAME						{		
STREET ADDRESS				6.3 STREE	ET A	NDORESS				!		
CITY-ST-ZIP				6.4 CITY-	ST-	ZIP						
14. I hereby c	ertify that the information supplied with	h this filir	ng does not qualify for t	he exemp	tio	n stated in	Section 119.07(3)(i), Florida Statutes. I f	urther cer	tify that th	ne information		

Indicated on this annual report or supplied with this filling does not qualify for the exemptor stated in declaration and 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: