SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089002 (5)

SHADOW TRUCKING, INC.

APPROVED AND FILED Pg.10/2

97 AUG 26 PH 1:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



						IY ar ing ingla (1914) ngah ngah 1706 gan
Principal Place of Business Mailing Address					4814. 1914 1913 88 111 94118 1191 1491	
1117 KIMBALL DRIVE 1117 KIMBALL DRIVE						
OCOEE FL 34761 OCOEE FL 34761				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					1	3a. Date of Last Report
9 Principal Di	lace of Business	2a, Mailing Address			10/28/1996 4. FEI Number	
	~ (1	26 1109 Sab	44.4.6	D.	59-3407733	Applied For
21 // 09 Suite, Apt.		Suite, Apt #, etc.	ring	<i> </i>	37-3101/33	Not Applicable \$8.75 Additional
22					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	
	Ocoee FL	28 Ococe	FL		Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		8. This corporation owes or has pa	
24 34		29 34761	30 Or 6		Personal Property Tax due June	· · · - · - · · · · · · · ·
	9. Name and Address of Curren	t Registered Agent	1001	-	10. Name and Address of New Re	
RAL	PH, JOHN E SR.		81	Name /	7.1	E Cr
1447 PRINTED DONC				<u> </u>	41ph, John	
OCOEE FL 34761					ess (P.O. Box Number is Not Acceptable Sold Fund Dr	ile)
83					040/11.4 .21	
			64	City O	coee	FL 85 Zip Code 3476/
11. Pursuant t	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tes, the above	named corp	poration submits this statement for the p	urpose of changing its registered
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, it hereby accept the appointment as registered						
agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes						
SIGNATURE	John E Kaph Signature, typed or printed name of reputered ager	of and title if applicable (NO)	It : Register Age	nt signaturi equa	rod when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE	D		Change
NAME	RALPH, JOHN E SR.		1.2 NAME	18	PALPH, JOHN E SR. 09 SABRINA DR.	
STREET ADDRESS	1117 KIMBALL DRIVE		1.3 STREET	ADDRESS //	09 SABRINA DK.	[8
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY-S1	1-7IP	DEE FL. 34761	5
TITLE	D	DELETE	2.1 THILE	V.		Change Addition
NAME	RALPH, GAIL		2.2 NAME			
OTDEET ADORESS	1117 KIMBALL DRIVE		2.3 STREET	ADDRESS 2	ALPH, GAIL OG SABRINA DR.	
CITY-ST-ZIP	OCOEE FL 34761		2. 4 CITY-S	1-7IP	COEE, FL 34761	· · ·
TITLE	D	DELETE	31 TITLE		0000	Change Addition
NAME	LENKO, DENISE		3.2 NAME)		
STREET ADDRESS	1117 KIMBALL DRIVE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761		3.4. CITY-S			
TITLE		☐ DELETE	4.1 TITLE	 	0000022	:804:40 - 55 00 : 97020
NAME		<u>—</u>	4. 2 NAME	'		
STREET ADDRESS			4.3 STREET	ADDRESS	****165	5.00 ****165.00 ** *
CITY-ST-ZIP			4.4 CITY - ST			_]
TITLE		DELETE	51 TITLE			Change Addition
NAME		panjar 1 1 1 1 1 1	5.2 NAME		^	1
STREET ADDRESS			5.3 STREE1	ADDRESS	() (1)	n Iv
CITY-ST-ZIP			5.4 C(1Y - S1		O.Cu	wil.o
TITLE		DELETE	6.1 TITLE	£11	्र ।	Addition
NAME			6.2 NAME		\mathcal{D}_{l}	WIT -
STREET ADDRESS			6.3 STREET	ADDRESS	I	- t
				- 1		
14. I do hereb	by certify that the information supplied	with this filing does not oual	64 CITY-ST ify for the exer		in Section 119.07(3)(i), Florida Statute	s. I further certify that the
					my cianature chall have the came long	

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 logal 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.