


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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90054 003 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000093230</b>					
1. Corporation Name <b>G.F.S. TRUCKING, INC.</b>					
Principal Place of Business <b>1894 MICHIGAN AVE NE ST PETERSBURG FL 33703</b>			Mailing Address <b>1894 MICHIGAN AVE NE ST PETERSBURG FL 33703</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/12/1996</b>	
21		26		4. FEI Number <b>59-3413427</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SINCLAIR, GEORGE F 1894 MICHIGAN AVE NE ST PETERSBURG FL 33703</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable) <b>4328-14 Way NE</b>	
			83		
			84	City	85
			<b>FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
TITLE	PD				
NAME	SINCLAIR, GEORGE F				
STREET ADDRESS	1894 MICHIGAN AVE NE				
CITY-ST-ZIP	ST PETERSBURG FL 33703				
TITLE	VST				
NAME	SINCLAIR, MARTHA S				
STREET ADDRESS	1894 MICHIGAN AVE NE				
CITY-ST-ZIP	ST PETERSBURG FL 33703				
TITLE					
NAME					
STREET ADDRESS					
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STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Martha S. Sinclair* **Martha S. Sinclair** 2/23/99 727-527-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)