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 # **P96000093230**

1. Corporation Name

G.F.S. TRUCKING, INC.

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

03-08-1999 90054 003 ***150.00



Principal Place of Business		Mailing Addre	ss			i logindet isa nesia asiis beris ediisi basis absid sansa siisa siisi aani saas	
1894 MICHIGAN AVE NE ST PETERSBURG FL 33703		1894 MICHIGAN AVE NE ST PETERSBURG FL 33703				DO NOT WRITE IN THIS SPACE	
					_	3. Date Incorporated or Qualifed 11/12/1996	
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4. FEI Number Applied For	_
21		26				59-3413427 Not Applicable	<u>.</u>
Suite, Apt. #, etc.		ļ	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou		,	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	_
	9. Name and Address of Curr	ent Registered Ager	t	81	Name	10. Name and Address of New Registered Agent	\dashv
SINCLAIR, GEORGE F 1804-MICHICAN AVE NE ST PETERSBURG FL 33703				82 83		Address (P.O. Box Number is Not Acceptable)	
				84	- ,	FL 85 Zip Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida. Such ch	ange was authoriz	zed by	the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						required when reinstating) DATE	١
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(, , , , , , , , , , , , , , , , , , ,	3.	ni signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	PD			1 TITLE	1	Change ☐ Addition	'n
NAME	SINCLAIR, GEORGE F		1.:	2 NAME		-	1
STREET ADDRESS	1894 MICHIGAN AVE NE			.3 STREET ADDRESS		4328-14 Way NE	-
CITY-ST-ZIP	ST PETERSBURG FL 33703			CITY-S			긕
TITLE	VST		DELETE 2.	1 TITLE		Change Addition	ן חי
NAME	REET ADDRESS 1894 MICHIGAN AVE NE.			2 NAME		4328-14WayNE	
STREET ADDRESS				STREE	TADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33703			4 CITY-S	ST-ZiP		_[
TITLE			DELETE 3.	1 TITLE	Γ	☐ Change ☐ Addition	in {
NAME			3.:	NAME	Į		[
STREET ADDRESS.			3.	3 STREE	TADORESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

Marthas. Sinclair 2/23/99

Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition