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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Apr 07 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

· ·	MENT # P9600 TO HAULING, INC.	00097428 (2)			
Principal Plac	e of Business	Mailing Address		- I (BB) 1980 (10 1811) B) III BJIII BJIII BBIII BBIII BBIII	
4604 W. CURTIS STREET TAMPA FL 33614 US		4604 W. CURTIS STREET Tampa FL 33614 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
9 Principal C	Place of Business	2a. Mailing Address		11/25/1996 4. FEI Number	Applied for
2. Frincipar F	lace of business	26. Walling Address		59-3412915	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	<del></del>	28		1rust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intengible
24	25 Name and Address of Curre		30]	Personal Property Tax due June 30.  10. Name and Address of New Register	
local Number				10.	ou rigotii.
GUTIERREZ, JOSE SR. 18136 GUNN HIGHWAY ODESSA FL 33556			82 Street Addr	(D.O. Clay Mymbos is Not Associable)	
			5 Street Addr	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		B5 Zip Code
				poration submits this statement for the purpos	-L
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 ponised name of registered agent and life if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE					
TITLE	D	DELETE	1.1 TOLE	ADDITIONS/OFFARGES TO OFF IDERS	Change Addition
NAME	GUTIERREZ, JOSE SR.		1.2 NAME		
STREET ADDRESS	18136 GUNN HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZIP		The section	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		and section	4. 2 NAME		C change C House
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP	•		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		!
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - 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.