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

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90024 033 ***150.00

DOCUMENT # P9700	0001170

1. Corporation Name

SHE ' GO TRUCKING INC.

Principal Place	of Business	Mailing Address		•			
2175 N.W. 64 STREET 2175 N.W. 64 STREET							
OCALA FL 34475 OCALA FL 34475				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
	•				12/31/1996		}
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
— `	ace of business	26. Mailing Address			59-3442803		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	
·	m, 510.	27			5. Certifcate of Status Desired	Fee Re	I
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible	
24	25	29 3	0		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Currer		1		10. Name and Address of New Registered	Agent	
			81	Name			
GRE	ene, donald r sr		82	Ctront A	ddress (P.O. Box Number is Not Acceptable)	 -	
2163	5 S.W. 10 STREET		62	Sireer	rudiess (P.O. Box Number is Not Acceptable)		ļ
DUN	NELLON FL 34431	·	83				
	·						
			84	City	·FL	85 Zip (Code
office or n agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by	the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as re	registered
	Signature, typed or printed name of registered age			t signature re	quired when reinstating) DATE	ID DIDEOTA	200 111 40
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
TITLE	P	☐ DELETE	1,1 TITLE				Addition
NAME	STANDRIDGE, JUDY		1.2 NAME	ļ			J
STREET ADDRESS	2175 NW 64 ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	OCALA FL 34475		1.4 CITY-\$1	r-ZIP		Cichanas	Addition
TITLE	VP	☐ DELETE	2.1 TITLE			Change	
NAME	GREENE, NANCY		2.2 NAME				i
STREET ADDRESS	2180 N.W. 65 ST		2.3 STREET	ADDRESS			ł
CITY-ST-ZIP	OCALA FL 34475	• • • • • • • • • • • • • • • • • • • •	2.4 CITY-S	T-ZIP		- 5. Channe	Si T Addition
TITLE	D	DELETE	3.1 TITLE		DILECTOR	Change	Addition
NAME	GREENE, DONALD R JR		3.2 NAME	-	DANIEUE COMAS		ļ
STREET ADDRESS	21635 SW 10TH ST		3.3 STREET	ADDRESS	21635 500.10 50		Ì
CITY-ST-ZIP	DUNNELLON FL 34431		3.4. CITY-S	T-ZIP	Dunnellon FIR 34431		
τιτιε ή		☐ DELETE	4.1 TITLE	ļ		Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET	ADDRESS			}
CITY-ST-ZIP	· <u></u>		5.4 CITY-S	T-ZIP			
TITLE		☐ DELET E	6.1 TITLE	T		Change	☐ Addition
NAME .	,		6.2 NAME				ļ
STREET ADDRESS	\$750 g g g g 3.55 g = 33.55		6.3 STREET	ADDRESS	•		

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 attachgient with an address with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE: