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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morjham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700001668 (7)

A.H. TRUCKING OF PINELLAS. INC.

rincipal Place of Business	Mailing Address		
14701 SHIPWATCH TRACE	14701 SHIPWATCH TRACE		
VILLA 1951	VILLA 1951		
LARGO FL 33774	LARGO FL 33774		

APPROVED

98 HAR -5 AH 11: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

,,,,,,								
Principal Place	of Business	Mailing Address						
14701 SHIPWA	ITCH TRACE	14701 SHIPWATCH TE	RACE					
VILLA 1951 VILLA 1951 LARGO FL 33774 LARGO FL 33774			1776					
						DO NOT WRITE IN THIS SPACE	ì	
						3. Date Incorporated or Qualified	١	
2 Principal Pla	ace of Business	2a. Mailing Address				01/01/1997 4. FEI Number Applied For	ł	
21		26				59-3416582 Not Applicable	١	
Suite, Apt.	f, etc.	Suite, Apt. #, etc.				S8.75 Additional	ı	
22						5. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	1	
23						Trust Fund Contribution Added to Fees		
—ı Zip	Country	Zip		intry		8. This corporation owes or has paid the current year Intangible		
24	25 Name and Address of Curre	29	30	r		Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent		
6.4170	_ L' -	int riogisterou Agent		81	Name			
	IO, ARMANDO F							
25400 U.S. 19 NORTH				82	Street Ac	t Address (P.O. Box Number is Not Acceptable)		
SUITE 210 CLEARWATER FL 34623				83				
CLE	ANNAIEN PL 34023						Į	
				84	City	FL 85 Zip Code	İ	
11. Pursuant to	o the provisions of Sections 607.05	02 and 607,1508, Florida Sta	atules, the a	bove-i	named co	corporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State of temiliar with, and accept the oblid	e of Florida. Such change wa nations of Section 607 0505.	as authorize Florida Sta	d by t lutes	he corpo	poration's board of directors. I hereby accept the appointment as registered		
_	Trigitalist with, and accept the oblig	gations of, accitor cor.coco,	, i torida ota	idios.				
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE: Registere	d Ageni	Bignature re	e required when reinstating) DATE	٤	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\$	
TITLE	D	☐ DELETE	1.1 (TLE		V/S ☐ Change ☑ Addition	1	
NAME	HARRIS, AUTHUR N JR		1.2 N	AME	T I	MCCARTHY, MARIE L	Š	
STREET ADDRESS	14701 SHIPWATCH TRACE,	VILLA 1951	1.3 S	TREET AC	DDRESS	14701 SHIPWATCH TRACE VILLA 1951	į	
CITY-ST-ZIP	LARGO FL 33774			ITY-ST-	ZiP '	LARGO FL. 33774	Ì	
TITLE		L DELETE	2.1 7			[_] Change [_] Addition	`	
NAME			2.2 N				ĺ	
STREET ADDRESS				TREET AC				
CITY-ST-ZIP TITLE		□ DELETÉ	2. 4 C 3.1 Ti	ITY-ST-	Z#P ~ .	600002449705 1 -03/06/980H10 06 Addison		
NAME			3.1 N		ŀ	-03/06/3801110 _m -09/ ₂₀₀₀₀₀₀		
STREET ADDRESS				TREET AL	UDBESS	****150.00 ****150.00		
CITY-ST-ZIP	•			ITY-ST-				
TITLE		DELETE	4.1 TI			Change Addition		
NAME			4.2 N	AME			1	
STREET ADDRESS			4.3 S	TAEET AC	DDRESS	Λ		
CITY-ST-ZIP				TY-ST-		(I. allu		
TITLE		☐ DELETE	5.1 TI			2/15/AD □ Change □ Addition		
NAME.			5.2 N	AME		72/90	i	
STREET ADDRESS			5.3 S	REET AC	DRESS	, ,		
CITY-ST-ZIP			5.4 C	TY-ST-	ŽIP		i	
TITLE		☐ DELETÉ	6.1 TI	TLE		☐ Change ☐ Addition	i	
NAME			6.2 N/	ME	ļ		,	
STREET ADORESS			6.3 \$1	REET AD	DORESS		ì	
CITY-ST-ZIP				TY-ST-				
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I hereby certify that the information supplied with this filling 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.

02/01/98

(813) 596-6142