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PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000018464

1. Corporation Name

C.P.& L. TRUCKING INCORPORATED

	THUCKING INCORPORATE	.0									
Principal Place	e of Business	Ma	ailing Address				1			21 08 18411 0 1811	i milita mint imni
3941 NE 22ND AVE OCALA FL 34479 US 3941 N.E. 22ND AVENUE OCALA FL 34479 US							DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed 02/27/1997			
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number	•		plied For
21	·	26						<u>59-3432971</u>			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	E .		Additional :
City & State	e	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
23 Zip	Country	20]	Zip	Co	untry		8.	This corporation owes the curre	ent year In	tangible	
24	25	29	,	30	_		•	Personal Property Tax.	•	Yes	□No
241	9. Name and Address of Current		tered Agent	1 1	\top		10.	Name and Address of New R	egistered	Agent	
.,,			Section of		81	Name					
AYE	rs, lesue h 1 n.e. 22nd avenue	191,			82	Street Addre	200 (F	O. Box Number is Not Accepta	ible)		
OCA	NLA FL 34479				83						
	· · · · · · · · · · · · · · · · · · ·	•						্ৰ প্ৰতিষ্ঠিত কৰা কৰি বিভিন্ন কৰি	1 38 1 BACK	85 Zip	Code
					1841	City					
en e premierania					84	City			FI	_ `	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	itions of	, Section 607.0505, Flo	riua Sia	above ed by atutes.	e-named corpo the corporatio				_ `	. • • •
SIGNATURE	am familiar with, and accept the obligat	nt and title	if applicable. (NOTE	: Registere	above ed by tutes.	e-named corporatio	i when	reinstating)	DATE	f changing its intreent as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title	f applicable. (NOTE	: Registere	above ed by atutes.	e-named corpo the corporatio	i when	reinstating)	DATE	changing its intment as re	registered egistered
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title	if applicable. (NOTE	: Registere	above ed by atutes.	e-named corpo the corporatio	i when	reinstating)	DATE	f changing its intreent as re	s registered egistered
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered egen OFFICERS AN O AYERS, LESLIE H	nt and title	if applicable. (NOTE	: Registere	above ed by stutes. Ed Agent TITLE NAME STREET CITY-S1	e-named corporation the corporation is signature required	i when	reinstating)	DATE	changing its intment as re	registered egistered
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

HERED W. H. FAR

GENAM TH

3941 姓 25年0 户

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

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Addition